The Nation's Health

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THE NATION'S HEALTH

The Stamping Out of Venereal Disease

BY

SIR MALCOLM MORRIS, K.C.V.O.

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TO

LORD SYDENHAM OF COMBE

CHAIRMAN OF THE ROYAL COMMISSION
ON VENEREAL DISEASES

PREFACE

THIS book on an important aspect of the nation's health has been written in pursuance of the policy of candid but not unrestrained discussion recommended by the Royal Commission on Venereal Diseases. From many different quarters it was urged upon me that a simple exposition of venereal diseases, with special reference to their bearing upon public health, might appropriately be undertaken by one who had seen much of those diseases in a long professional career, and had served on the Royal Commission. Hence these pages, which are intended especially for members of County Borough, County, and Borough Councils, of Urban and Rural District Councils, of Boards of Guardians and Sanitary Authorities, for the lay members of the Boards of Management of Hospitals, and for Headmasters and Headmistresses. If, in however slight a

measure, the book helps forward the great work in which the National Council for Combating Venereal Diseases is engaged, my toil will be well rewarded.

The substance of Chapter VII., on compulsory notification, has appeared in the *Nineteenth Century*, and I am indebted to the Editor of that Review for permission to repeat it.

M. M.

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THE NATION'S HEALTH

CHAPTER I

The Public Health Service

THAT as a nation we suffer in many directions from under-organisation, a result of that sturdy self-reliance of the British character which has coloured our whole history, is one of the lessons we have reluctantly learnt from the Great War. But there is one aspect of the nation's life in which this defect is less observable than in most others. I refer to the vast organisation which, with patient persistence, the State has built up to check the spread of communicable disease and provide its citizens with a healthy environment. By common consent, there is no country in which the sewerage and drainage systems, particularly in large centres of population where they are most important, so nearly approach perfection as in Great

Britain. And that is but one of a multitude of ways in which the Public Health Service, or State Medicine, as it is also called, cares for the health of the community.

A far-reaching system.—The ramifications of the Public Health Service are innumerable. It begins to concern itself with the future citizen before he is born, insisting that his passage into the world shall be made as easy as trained and certified skill can compass. Before he is six months old it protects him from the scourge of smallpox by the rite of vaccination, unless his parents or guardians are misguided enough to demand exemption. When the time comes for him to go to school it medically inspects him. If he is found to have adenoids, or diseased glands, or decayed teeth, if he has faulty sight or hearing, if he is deformed, or mentally infirm, or afflicted with any other kind of disease, it sets the school medical officer, the attendance officer, the school nurse, and the teacher to work to see that the defect is, if possible, corrected, and if necessary drafts him into a special school where the system of instruction is adapted to his infirmity. Over the building in which he

more or less impatiently cons his lessons it exercises the most minute supervision, insisting that the sanitary arrangements be free from fault, the water supply pure, the floor-space and air-space sufficient, and the school properly warmed and ventilated and lighted. The house in which he and his parents dwell is also subject to inspection. If on leaving school he enters a workshop or factory, it regulates the conditions under which he toils for his daily bread. Should he be employed in an unhealthy trade, such as those in which lead and other deleterious substances are used, it secures that the dangers to his health are reduced to a minimum. When he falls sick it helps to provide him with professional skill and medicine; and only when he has died and under its regulations has been duly buried or cremated does its interest in him cease.

This, of course, is far from being all that the Public Health Service does for the nation. It sees to the purity of the water supply, and does something—though not enough—to ensure that food shall be free from adulteration and contamination. It provides isolation hospitals for those who

contract infectious fevers, asylums for the insane, infirmaries for the indigent sick, and sanatoria for the tuberculous. In many acute infections it not only secures the isolation of the patient, but requires to be notified of the disease, so that by disinfection and other means it may be prevented from spreading. We are, in fact, so surrounded with sanitary safeguards provided by the State, and so habituated to them, that we are apt to assume that they occur automatically and are hardly less in the natural order of things than the pure air we breathe on the mountainside.

The results of these beneficent activities are easily to be perceived, without help from mortality tables. Typhus fever, which once claimed hosts of victims, has been reduced to vanishing point ; and there are large parts of Great Britain in which no living practitioner has ever seen a case, and might not easily recognise one if it came in his way. Smallpox, again, save for an occasional attempt at an epidemic, has been relegated to the category of rare diseases, and the smallpox hospitals of the Metropolitan Asylums Board are largely used for other purposes.

Scarlet fever, typhoid fever, and epidemic diarrhœa are much less rife than they were. Of the three great international epidemic diseases we are protected from one—yellow fever—by climatic conditions; the others—cholera and plague—sometimes timidly knock at our doors, only to find them bolted and barred; it is as impossible, indeed, for them to find lodgment in our ports as for foes of another kind to invade our shores.

The final cause.—What is the ultimate aim of the vast and intricate system whose operations and results have thus been very roughly sketched? It is nothing less than the prevention of disease. Hence it is often spoken of as Preventive Medicine. True, it cures disease as well as prevents it; and when one thinks of the work it has begun to do in curing the health defects discovered in school children—one of the most important of its more recent developments, which admits of, as it imperatively demands, enormous expansion—one must be on one's guard against underrating this aspect of Public Health work. Sir George Newman, the Chief Medical Officer of the Board of Education, has declared that of the six million children

in the elementary schools of England and Wales at least a million are unable, from physical or mental defect or disease, to derive "reasonable benefit" from the education provided by the State. But even here, while the immediate thing to be done is to cure disease, the further duty is recognised of providing for school children the conditions of health and removing the conditions of ill-health, and laying the national foundations of physical education. And these, of course, are preventive activities. Allowing, then, the great importance of curative measures, it remains true that the final cause of all this effort is the prevention of disease—to prevent it from spreading when it occurs in communicable forms, and still more to prevent its occurrence.

A great omission.—Enough has been said to show how far-reaching are the operations we have been considering. But there is one group of communicable diseases which in the past has had no place in the scheme of State Medicine, so far as the civil population is concerned. It is not because these diseases are not widely spread, or only communicated with difficulty. They have re-

cently been thoroughly explored in all their ramifications and relations by a Royal Commission on which I had the honour of serving, and as the result the nation is told that while they are comparatively infrequent in rural districts, in large towns at least 10 per cent. of the total number of inhabitants—men, women, and children—have been infected with one of them alone, and that the other is still more widespread. Nor is it because their effects are trivial. In one of them scarcely a tissue or organ of the body is safe from damaging attack, and it is declared by one of the witnesses examined by the Royal Commission — Sir William Osler, Regius Professor of Medicine in the University of Oxford—that a medical student who was thoroughly grounded in this disease and the affections to which it gives rise would have acquired a good knowledge of all branches of his profession. One of the most incapacitating and life-destroying of diseases, it is placed by the same distinguished authority third or fourth among what he terms the "killing diseases." The other disease is less destructive; but even this, if neglected, inflicts acute suffer-

ing and may cause irremediable disability, and is estimated to be responsible for one-fourth of all the blindness in the country.

Nor, again, have these diseases been left outside the scope of Public Health regulations because they are contracted only by those who are regardless of the obligations of morality. It will presently appear that a vast multitude of the patients are quite innocent victims, who have to suffer for the wantonness or carelessness of others.

How, then, can we account for this staggering anomaly—that diseases which make far more damaging inroads upon the health and efficiency of the nation than some of those which the State has for years been vigorously combating, should have been left to pursue their baleful course unchecked? The explanation is to be found mainly in a conspiracy of silence for which no section of the community can claim to be free of responsibility. Syphilis and gonorrhœa, respectively the more serious and the less serious of these diseases, bear names which, from the principle of association, sound evilly to the ear. So, too, does the expression "venereal disease"—which, by the way, is a misnomer,

since it implies that the diseases are only contracted in sexual intercourse. Except in medical literature these words have, until quite recently, been almost entirely tabooed, and the things they connote have for the most part been ignored. A few years ago M. Brieux took congenital syphilis for the *motif* of a drama, *Les Avariés*, which made a deep impression in Paris; but when the play—at once a trenchant piece of dramatic work and a powerful homily against syphilis—was done into English for the stage it was banned by the Censor. Even the medical profession is not free from the reproach of participation in this conspiracy of silence. It is notorious that the official death statistics greatly understate the mortality from syphilis because, out of regard for the feelings of surviving relatives, the burial certificate often suppresses the fact that this disease is the essential cause of death.

This habit, which we had so long followed, of refusing to recognise the existence of venereal disease, is not difficult to understand. It was no offspring of the hypocrisy to which it has often been attributed. Even to stigmatise it as prudery is, perhaps, some-

thing less than just. The true view is to regard it as a survival of the Puritan protest against the old licence of speech, which treated all sexual subjects as themes for ribald mirth. But, taking the most favourable view, it is, if I may be excused for quoting from my Plea for the Appointment of a Royal Commission on Venereal Diseases which appeared in the *Lancet* in 1913, "a disastrously mistaken counsel, the effect of which is to allow a free course in the body politic to gross evils which might be substantially checked were they but frankly recognised and boldly grappled with."

I may be reminded of the Contagious Diseases Acts, which were certainly an attempt on the part of the State to stay the course of these diseases. But that was not an effort to protect the civil population; its aim was the protection of our soldiers and sailors. In a later chapter it will be shown that the policy of those Acts has utterly broken down. Here it need only be said further that the false start thus made tended to produce a feeling that the problem was too difficult and too elusive for the State to solve. To this misdirected effort, then, and

to the conspiracy of silence which is at last rapidly breaking down, we owe it that not until the year 1916 did the State make any further effort to control diseases which for many generations had been reacting most perniciously upon the nation's health and well-being.

CHAPTER II

Syphilis

Of the origin of syphilis nothing is known. It was brought to Europe from America at the end of the fifteenth century: how long it had existed in the Western hemisphere is one of the unsolved problems of history. By some writers, indeed, it is believed that the disease had prevailed in the Old World from time immemorial, and that references to it can be traced in classical literature; but the majority of those most competent to recognise descriptions of syphilis hold the view expounded by Prof. Iwan Bloch, of Berlin, in the great "System of Syphilis" published by the Oxford University Press, that "in the entire literature of the Old World, both Occidental and Oriental, no description of the syphilitic syndrome* anterior to the year 1495 is to be met with." That the disease was non-existent in earlier

* A syndrome is the whole group of symptoms constituting a disease.—M. M.

times in the Eastern hemisphere is borne out by the fact that examination of the disinterred bones of human beings belonging to the prehistoric, ancient, and medieval periods has revealed no trace of it. "What a mass of such evidence," Prof. Bloch exclaims, "must the unbridled licentiousness of imperial Rome and the excesses of the Middle Ages have provided!" Yet, "despite the most painstaking research amongst the unnumbered thousands of human skeletons of prehistoric, antique, or medieval origin, it has not been possible to discover a single bone showing undoubted signs of syphilitic changes." Emphasis was laid upon this fact by Virchow, perhaps the greatest of all pathologists; and to anyone familiar with the destructive effects of the disease upon the bones of the nose, the skull, and many other parts of the human frame, it cannot but carry great weight.

Another consideration which tells forcibly in favour of the generally accepted view is one which was urged by the late Sir Jonathan Hutchinson. He points out that if syphilis had existed in Europe before the end of the fifteenth century it must, from its very

nature, have prevailed extensively. A disease so terrible in its effects could not possibly have been overlooked, but must have attracted the attention not only of physicians but also of moral censors and of law-makers, and the references to venereal disease to be found in Celsus and in the Greek and Roman poets would have pointed to syphilis with a clearness which later ages could not have mistaken. But when, at the end of the fifteenth century, syphilis ran through Europe as an international epidemic, it was everywhere regarded as a new disease.

We need not hesitate, therefore, to accept the view which dates the introduction of syphilis into Europe from the end of the fifteenth century. It was in the year 1493 that Columbus returned from his first voyage to the West Indies, and when, in the following year, the new disease ravaged Spain and Italy, the prevalent belief was that it had been imported by his followers. In 1495 it attacked France and Germany; in 1496 it found its way to Holland and Greece; in 1497 it raged in England and Scotland; and in 1499 it invaded Russia and Hungary. When Charles VIII. of France returned to

Paris from Italy in 1495 his soldiers brought with them the "Neapolitan disease," as they called it, having no other name for it; and so swiftly did it spread in France that it was soon, and for long afterwards, known as the "French disease." It is referred to under both these designations in Shakespeare. Presently it ceased to conduct itself as an epidemic, for those who had contracted it were immune from a second attack, and it was not long before the virtue of mercury as a remedy was discovered; but to this day it is one of the most widely diffused of endemic diseases, not only in America and in Europe, but in the other continents as well.

By the middle of the eighteenth century some progress had been made in the study of venereal disease. Many physicians believed that it comprised several distinct affections; but in the year 1767 the great John Hunter daringly inoculated himself with venereal matter, and, misinterpreting the experiment, was led to oppose this theory. He also declined to believe that the internal organs could be attacked by syphilis, as was taught by some physicians. "I have not

seen," he remarked, "that the brain, heart, stomach, liver, kidneys, and other viscera have been attacked by syphilis, although such cases have been described by others;" and such was his authority in the world of medicine that the utterance, casual as it was, put a stop for half a century to further research in this direction.

The establishment of the true conception of venereal disease as consisting of three quite separate affections—syphilis, gonorrhœa, and soft sore—was mainly the work of the great French school of dermatologists, headed by Philippe Ricord, who was born in 1800 and survived until 1889. It was he also who divided syphilis into the three clinical stages of which some account will be given later. The germs which are the cause of gonorrhœa and syphilis have since been clearly identified, and a similar claim has been made in connection with the microbe of soft sore,* though with something less than universal acceptance. The microbe of gonorrhœa was isolated in 1879 by Prof. Neisser of Breslau, whose lamented death

* Soft sore is a purely local infection, without serious effects upon the public health. It will not, therefore, be further considered in these pages.

took place in 1916. The microbe of syphilis was identified in 1905 by Fritz Schaudinn, a brilliant young zoologist who had distinguished himself by his researches into microscopic forms of animal life, and who was aided in this investigation by Eric Hoffmann, a well-known syphilologist of Bonn. Meanwhile, the gift for clinical observation and deductive reasoning of Sir Jonathan Hutchinson had enabled him to make important additions to our knowledge of syphilis, especially in the congenital form of the disease.

The germ of syphilis.—Most of the infectious diseases, such as tuberculosis, cholera, plague, typhoid fever, and gonorrhœa, are due to infection with bacteria, which form the lowest group of organisms in the vegetable kingdom; but the germ of syphilis, like that of malaria, is a protozoon, and belongs, therefore, to the lowest group of the animal kingdom. From its spiral form it is termed a spirochæte, and it is known zoologically as the *Spirochæte pallida*, or alternatively as the *Treponema pallidum*. By improved microscopical methods, this minute organism can now be detected in every form of

syphilitic lesion, as well as in the blood and other secretions. Its demonstration in the brain in cases of general paralysis of the insane was the work of Noguchi of New York, whose results have been abundantly confirmed by the brilliant researches of Dr. F. W. Mott and others.

How the disease is communicated.—Like gonorrhœa, syphilis belongs to the group of contagious diseases: there must be actual contact between the exudation or secretion of a patient, containing the germ, and the skin or mucous membrane of the person who receives the contagium. The contact, however, may be indirect; that is, the contagium may be received from a contaminated object instead of by direct contact with the sore or secretion. In both direct and indirect contagion the germ usually, perhaps invariably, finds entrance through a breach in the skin or mucous membrane, but the breach in the surface may be so slight that the person himself is unaware of its existence.

In *direct* contagion the great majority of cases are of sexual origin; but the disease is also communicated quite easily by kissing, while nurses who suckle syphilitic infants,

and medical men, medical students, nurses and midwives, who have to handle syphilitic patients, have often been infected with it. The most frequent method of direct contagion, apart from sexual intercourse, is undoubtedly that of kissing. A man has a syphilitic sore upon his lip. Unaware of its nature, or not realising its great infectivity, he kisses his wife or child, and if on the recipient's lip there should be a tiny crack or abrasion, and the sore should come into contact with it, the disease will be communicated. I have had many such cases in my own practice, and there is no medical man with much experience of syphilis who has not similar cases recorded in his case-book. Dr. Sequeira, of the London Hospital, who gave evidence before the Royal Commission on Venereal Diseases, related the case of a girl in his clinic with syphilis which she had contracted from being kissed in the street on Mafeking night, and added that a colleague of his had under treatment two girls at another hospital who were infected on the same night in the same way. An even more striking instance has been recorded by Dr. Schamberg of Philadelphia, in the *Journal of the American*

Medical Association. A company of youths and girls, ranging in age from sixteen to twenty-two, joined in a game in which the forfeit took the form of a kiss. One of the youths, who had on his lip a syphilitic sore, infected six girls whom he kissed, as well as a seventh whom he met at another party, while a young man was apparently infected by kissing one of the girls while the contagium was fresh upon her lip.

Among the objects which are most frequently instrumental in communicating the disease by *indirect* contagion are razors, combs and brushes, forks, spoons, and drinking vessels, tobacco-pipes, wind instruments, and glass-blowing implements. The disease has also been conveyed by dental and surgical instruments; but these are, of course, sterilised after use, and such cases are therefore rare, except when a surgeon accidentally cuts or pricks his hand in operating on a syphilitic patient. Let us see how infection may be conveyed by a razor. In shaving a customer who is in the constitutional stage of the disease, when the spirochæte is present in the blood, a hairdresser inflicts a slight cut, and the razor is contaminated with the blood.

Before it is used upon another customer it is dipped in hot water, or in some antiseptic, wiped dry, and stropped. It is physically clean, but may not be surgically clean. The tiny, invisible germ may still be alive, and may still cling to it, and if, while in this condition, it should inflict a cut, however slight, upon another customer, it may infect him with the disease.

The incubation period and primary stage.—However the disease is communicated, it always follows much the same course. For the sake of simplicity, I will describe what happens when it is conveyed by a kiss. The slight breach in the surface of the lip through which the germ enters heals up just as it would have done otherwise, and, for a period which usually varies between three and six weeks, but may be shorter or longer, the tiny parasite which contains within its single cell the potentiality of such dire mischief gives no visible sign of activity. This is the period of incubation. Then a sore appears on the spot where the infection was received. This is known as the primary sore, or hard chancre, to distinguish it from the lesion of soft chancre

(soft sore). As a rule, it is not painful, and its nature may not at first be suspected; but it usually has a hard base, it may be slow to heal, and the nearest lymph-glands—those of the neck—begin to enlarge and become indurated. After a few days or weeks, even if untreated, primary sores, in whatever situation, may heal, and usually do; but in some cases they ulcerate, and the ulceration may spread rapidly, in spite of the strenuous treatment that may now be applied, and cause great destruction of tissue.

Such is the first stage of the disease. I will now outline very briefly the course which it often follows *if left untreated, or treated ineffectually.*

The secondary stage.—A few weeks after the appearance of the primary sore a rash comes out on the skin, which is sometimes difficult to diagnose, because it may mimic with surprising precision almost every known cutaneous disease. The mucous membranes may be the seat of ulcers and other lesions. The lymphatic glands in various parts of the body enlarge, and inflammatory affections of the bones and joints, the arteries,

the nervous system, and the eye, supervene. These symptoms are proof that the disease has now infected the constitution : the germs, which have been busy multiplying themselves, have entered the blood stream and the lymph stream, and are forming colonies in the various organs. This is the stage at which the patient is most likely to infect others. In the primary stage it is only the sore that is infective, though that is infective in a high degree ; but in the secondary stage the disease may be communicated not only by the lesions of the mucous membranes, and in some cases by those of the skin, but also by the blood, the saliva, the seminal fluid, and other natural secretions. It is in this stage, therefore, that most of the cases of " syphilis of the innocent," *syphilis insontium* as it is termed in medical literature, occur.

The tertiary stage.—The third group of symptoms may not appear for several years, and the patient may believe himself to be cured. Then a process of slow inflammation begins, resulting in the formation of swellings (gummata) on the skin and mucous membranes, the bones, the nerves, and the organs generally. The lesions of the second-

ary period tend to spontaneous healing after a time, but those of the tertiary period are much more persistent, and yield much less readily to treatment, and not until they have done permanent damage to the structures assailed.

The quaternary stage.—There are certain remote effects of syphilis, effects delayed, it may be, for many years, which were formerly grouped together under the term parasyphilis, because they were believed to be due to syphilis indirectly rather than directly. One theory was that the injury done to the brain and spinal cord and other parts of the nervous system by the virus of syphilis caused them to fall a prey to the attacks of other agents, such as the poison of alcohol. Now, however, it has been proved that these grave affections are the direct result of the attacks of the spirochæte and its poisons, and they may therefore be regarded as constituting a fourth stage of the disease.

To this account of the course which syphilis usually takes, in the absence of efficient treatment, it must be added that in some cases—happily a smaller proportion than in the early days of my professional career—

the disease pursues, to quote from the Report of the Royal Commission, "a much more rapid and violent course . . . and may, in spite of vigorous treatment, cause extensive destruction of tissue, sometimes terminating fatally."

Constitutional effects.—If the reader is not to miss the full significance of syphilis, the chief affections which are set up by its attacks on the different organs and tissues of the body in the second, third, and fourth stages must now be briefly described. Among them are those resulting from injury done to the arteries. These vessels, so delicate in their structure and yet so strong to resist the wear and tear of constant use, may undergo inflammatory thickening, and become hard and brittle, and finally may rupture, or the blood flowing through them may clot. The membranes enclosing the brain and spinal cord may also undergo inflammation (meningitis), which may extend to the brain and cause encephalitis, or to the spinal cord and cause myelitis. The damage thus done to the different parts of the nervous system —the brain and spinal cord and their membranes and arteries—may issue in various

forms of paralysis: one-sided paralysis, as when a cerebral artery ruptures and there is an effusion of blood on the brain; or paralysis of the lower extremities when the spinal cord is affected. Or the patient may suffer from disorders of speech, from loss of memory and mental enfeeblement, from convulsions resembling those of epilepsy, or from blindness or deafness.

One of the most serious effects of syphilis of the arteries generally is that which is known as aneurysm. The inflamed artery degenerates, and at last, with or without some violent physical strain, it yields at the point of greatest strain and becomes dilated. Some aneurysms undergo spontaneous cure, and if they occur in the arteries of the limbs they may admit of surgical treatment; but often they arise in the largest of all the arteries —the aorta, the great tube into which the blood is pumped by the heart—or in its branches in the chest and abdomen, and then medical treatment only is possible, and in most cases is powerless to do more than alleviate the distressing symptoms. The heart itself may also be assailed by syphilis, and some cases of angina pectoris are due to this cause.

Let me here pause to guard against a possible misconception. It must not be supposed that all cases of paralysis, or mental enfeeblement, etc., or of arterial disease, are caused by syphilis. Many are due to various other causes, but many also are clearly traceable to syphilis, and in the case of aneurysm the proportion is very large indeed. One eminent authority, Sir Clifford Allbutt, the Regius Professor of Medicine at Cambridge, estimates that of all aneurysms, syphilis is responsible for some 98 per cent.

The diseases belonging to the fourth period of syphilis are of the gravest kind. One—atrophy of the optic nerve, of which about 10 per cent. of the cases are syphilitic—is an affection that causes intense suffering and often ends in blindness. Another, locomotor ataxy or tabes dorsalis, a wasting disease of the spinal cord, is usually attended by acute darting pains ("lightning pains") and by loss of power over the muscles, especially those of the lower limbs, so that in walking the patient holds the foot high, thrusts it forward, and brings it down with a stamp. The course of this disease is slowly progressive, and little can be done to check its advance.

The third and most serious of these long-delayed effects of syphilis is general paralysis of the insane, with which some 15 per cent. of the male patients admitted to the asylums of London and other large cities are affected. Bereft of reason and of all their bodily powers, the wretched victims of this disease are at last reduced to a state in which they merely vegetate, and are incapable even of longing for death to set them free from their abject humiliation.

Of no other disease than syphilis can it be said that it infects all the secretions of the human body and has the power of doing irreparable damage to all the tissues that enter into its structure. Nor is even that the full measure of its maleficence. Not content with its own devastating work, it prepares the way for other diseases. It predisposes to tuberculosis and other serious affections, and there are not a few cases of cancer, especially of the tongue, in which the malignant growth starts on the site of an old syphilitic lesion.

Congenital syphilis.—Up to this point we have been concerned with acquired syphilis. When syphilis is communicated to

a child before birth—congenital syphilis—the effects are more serious still, because it attacks tissues which are in an early stage of development and have not yet acquired the resistive power which comes later. The disease may be communicated to the unborn child either by an infected mother, or possibly by an infected father without the mother being diseased, though this is a point upon which there is no certain knowledge. By some authorities it is believed that the disease can be transmitted to the third generation, but this is difficult of proof or disproof, for a congenital syphilitic who becomes in turn the parent of a syphilitic child may have been cured of the disease with which he was born, and may then have acquired it just as it is acquired in ordinary cases.

In a multitude of instances congenital syphilis slays the child before it comes to birth ; it is one of the most prolific causes of miscarriage and stillbirth. From the Report of the Royal Commission on Venereal Diseases I have copied one of several illuminating diagrams. It shows the case of a husband and wife to whom were born two

normal children. Then the husband contracted syphilis. Of the pregnancies which followed, the first six resulted in miscarriage, stillbirth, or death in early infancy; in the seventh the child survived infancy to fall a victim to juvenile general paralysis; in the eighth the child was possibly syphilitic;

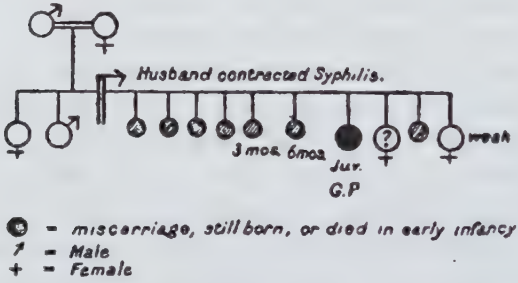

Diagram illustrating the effects of congenital syphilis. (*See* text.)

in the ninth the result was the same as in the first six; the tenth child was apparently free from syphilis but frail. No statistics are available to determine the number of antenatal deaths in the country which are due to syphilis; but the Report shows that in one group of ten syphilitic mothers, out of 85 pregnancies there were 36 miscarriages and stillbirths, while 14 of the children died

in early infancy. Fournier, the great French syphilologist, who died in 1916, has spoken of the statistics of antenatal and infantile death for which syphilis is responsible as "horrible," and it may be said without any trace of exaggeration, as I ventured to say at the last International Medical Congress, that this disease is more ruthless than was the destroying angel who slew the firstborn of the Egyptians, since it smites even the unborn babe.

If the syphilitic child comes to birth, it may be free from spot or blemish when it enters the world. But within a few weeks symptoms corresponding generally with those of the secondary period of acquired syphilis appear. One of the earliest is a chronic inflammation of the nasal mucous membrane, which may extend to the bone beneath and cause a depression of the bridge of the nose, expressively termed the "saddle nose." There may at the same time be inflammation of the larynx, so that the cry becomes hoarse, and as a rule there is an eruption on the skin. "The child," to quote from the Report, "becomes fretful, emaciated, anæmic, and enfeebled; the skin

is loose, dry, and of a *café-au-lait* tint; in many cases the face is wrinkled and takes on a peculiarly senile aspect. The hair may fall out or be abnormally abundant." I will not detail the other effects of untreated congenital syphilis; enough to say that many of these hapless children die in the first few months from such affections as meningitis, hydrocephalus, and convulsions. If they survive these earlier attacks they are liable to recrudescences of the disease up to the twentieth year, or even later. Growth may be checked, vitality depressed, intelligence stunted; repulsive deformities may be produced, sight and hearing may be lost, and finally death may mercifully come as the result of one of the incurable diseases of the central nervous system mentioned in connection with adults. Such are the results of congenital syphilis unless the disease is arrested or mitigated by treatment.

How syphilis may be detected.—During the present century, and especially since the identification of the spirochæte, great progress has been made in the diagnosis of syphilis. Now, too much stress cannot be laid upon the prompt recognition of the dis-

ease, for it is in the earliest stages alone that it is possible for treatment to eradicate it. Until recently there were cases in which even an expert could not be sure that a primary sore was syphilitic. In such cases the medical man was in an unenviable dilemma. If he decided to treat for syphilis he was condemning his patient to mercurial treatment extending intermittently over years, and if no further symptoms appeared there could be no certainty that the patient had really been infected. If, on the other hand, he waited until the secondary symptoms placed the diagnosis beyond doubt, then the precious opportunity of treating the disease in the earliest stage was lost. Fortunately, he has no longer to choose between such embarrassing alternatives. If a patient comes to him with a sore which is possibly syphilitic, a drop of the exudation can be examined microscopically by one of several different methods, and the presence or absence of the spirochæte settles the question. If the patient comes in the secondary stage, as often happens, for the primary sore, especially in women, may fail to excite the patient's suspicion, exudation from one of

the lesions of this stage can similarly be examined under the microscope and the spirochæte detected.

Another important method of diagnosis in these days is the Wassermann test, which was elaborated by von Wassermann of Berlin, Neisser, whose name has already been mentioned, and Brück of Breslau. It is a process of extreme complexity, which cannot be described in detail in these pages, but, reduced to its simplest terms, it means that if a little of the serum (the watery portion of the blood) of a syphilitic patient is withdrawn and combined with other substances and submitted to certain processes, it is found to have lost the power which normal human serum possesses of dissolving the red corpuscles of sheep's blood. This is known as the "positive" reaction—positive, that is, as showing that syphilis is present; if the corpuscles are dissolved, the reaction is said to be "negative." In cases where syphilis of the nervous system is suspected, a small quantity of the patient's cerebro-spinal fluid is withdrawn and similarly tested. It may be mentioned also, though this is no part of the Wassermann test, that in

syphilis of the nervous system the cerebro-spinal fluid may be examined microscopically, when it will be found to contain certain cells in greater abundance than is normal.

The Wassermann reaction, to return to it for a moment, is not only employed to determine the presence or absence of syphilis before treatment is instituted, but is also used to check the results of treatment. It is of great service, in conjunction with the clinical signs, in enabling the medical man to know whether treatment can safely be suspended, and by resorting to it from time to time he can ascertain whether the disease remains inactive or requires that treatment be resumed.

There are other tests also which can be used in cases of suspected syphilis, but these need not be described here. Enough has been said to show that the disease can now be diagnosed with certainty and without difficulty.

The remedies for syphilis.—In treatment, the advances made during the last few years have been as striking as those made in diagnosis. Formerly, the chief remedy was mercury. The reader is already

aware that its value in the treatment of this disease was discovered no great while after the introduction of syphilis into Europe. It is referred to in this connection in "Don Quixote," written within a century of that event. At one time it fell out of favour because it was administered injudiciously, with the result that symptoms were set up which were felt to be almost worse than the disease itself; but this led to its more judicious use, and the reaction spent itself.

From time to time arsenic was tried as a substitute for mercury, and in the present century Paul Ehrlich, the eminent synthetic chemist of Frankfort, set himself the task of forming an arsenical compound which would destroy the spirochæte without injuring the tissues of its human host. Hundreds of experiments were made, and the result of the 606th experiment was the formation of a compound which is known as salvarsan, or, more colloquially, as "606." When, at the end of 1910, Ehrlich had satisfied himself of its efficacy by its results in thousands of test cases, it was made available to the medical profession generally. The effects of this pre-

paration in causing the rapid disappearance of all the visible lesions of the disease are almost magical; in the great majority of cases the spirochætes are destroyed or suppressed, and the Wassermann test shows that the disease has ceased to be active. Salvarsan, as the Report of the Royal Commission truly says, has created "a new epoch in medical science." Before long its virtue was recognised almost universally, and at the International Medical Congress in London in 1913 Ehrlich had a reception which kings might have envied. Between the promulgation of salvarsan and his death, in 1916, he continued his experiments in the hope of creating something even more efficacious, and presently produced neo-salvarsan (No. 914 in the list), a compound similar to salvarsan but less toxic, and this is preferred by some as being safer and requiring for its administration a less elaborate technique. Both these preparations were German patents, and some time after the outbreak of the war the supply in other countries was exhausted; but our chemists have provided equivalents in kharsivan and neo-kharsivan, which correspond respectively

to salvarsan and neo-salvarsan, while the French have manufactured substitutes in arsenobenzol and novo-arsenobenzol, and in galyl.

Marvellous as are the effects of the compounds which we owe to the genius of Ehrlich, they are not without limitations. It cannot be claimed for them that they are an absolute cure for syphilis, as was at first hoped. In a few cases they fail to check the progress of the disease, and in other cases in which they do stay its course for the time being there is presently a relapse, and the Wassermann test, which had been negative, becomes positive once more. The true line of treatment, therefore, is not to rely upon salvarsan alone, but to combine with it mercury. At intervals injections of the arsenical compound are given, and each is followed by a course of mercury. In the vast majority of cases, if begun in the primary or the early secondary stage and duly persisted in, this "intensive" treatment, as it is called, effectually arrests the progress of the disease.

In the tertiary stage, in addition to salvarsan and mercury, the iodide of potassium

and other iodides are used, because of their effects in promoting the absorption of the inflamed and dead tissue which is present in this period. When all cases of syphilis are promptly diagnosed and treated with salvarsan and mercury, there is reason to believe that these later symptoms will not be met with; but until then the third stage of the disease will still offer a field of usefulness to the iodides.

It is pleasant to be able to close this chapter on a note of optimism. I have had the unwelcome task of showing that syphilis, if not treated efficiently in the earliest stages, is a disease of which the gravity cannot be exaggerated. Now, however, that medical science is armed with the means of detecting it in its beginnings and applying to it effectual remedies, we are justified in placing it in the category of curable diseases. So much can be said because since the introduction of the new methods many cases of reinfection have been reported, and for a patient to be reinfected he must first have been cured. There is good ground, therefore, for the declaration of the Royal Commissioners that "eradication of the spirochæte, with com-

plete cure, or a total absence of any subsequent signs or symptoms of the disease, in the majority of cases, can be attained by 'intensive' treatment when commenced in the primary stage."

CHAPTER III

Gonorrhœa

THIS disease has been prevalent in the Old World from time immemorial, though, as we saw, it was not definitely distinguished from other venereal diseases until the nineteenth century. If less disastrous in its effects than syphilis, it still requires to be regarded seriously. However efficient the treatment, it may be months before the patient ceases finally to be a source of danger to others, and often it is difficult to determine whether or not he has ceased to be infective. There may be long periods of latency, which in rare cases may be many years in duration; then, from indulgence in alcohol, or from causes less easy to avoid, and involving no lack of self-control, such as accident, or illness, or physical stress, the disease, to the patient's surprise, once more becomes active, and he may pass on the infection before he knows that he has suffered a relapse. Further, in gonorrhœa, unlike syphilis,

the patient is infective in the incubation stage, and though this, fortunately, is usually short, the cases in which the disease is communicated before it has manifested itself in symptoms are by no means rare. Thus it is that gonorrhœa is so widespread a disease. Erb, a leading authority on venereal diseases in Germany, estimates that in Berlin it is six times as prevalent as syphilis; and every medical man knows that in this country also, in large centres of population, it is rampant. The conclusion arrived at by the Royal Commission on Venereal Diseases was that while in our large cities at least one person in ten has been infected with syphilis, "the percentage affected with gonorrhœa must greatly exceed this proportion."

The germ of gonorrhœa, and how it is communicated.—As we have seen, the microbe of gonorrhœa was discovered by Prof. Neisser of Breslau, in 1879. It belongs to the coccus group of bacteria, in which the organism is not rod-like, as are bacilli, but is rounded; and it is known as the gonococcus. Though the contagion may be conveyed indirectly, by towels, etc., defiled with the gonorrhœal discharge, it

is almost always communicated sexually. Patients sometimes allege that they have contracted the disease from the infected seat of a water-closet, but such cases must be extremely rare, and Mr. Frank Kidd, F.R.C.S., of the London Hospital, in the valuable statement which appears as Appendix XXIV. of the Royal Commissioners' Report, says that he has never met with one. The germ finds entrance not through the skin, but through mucous membrane—in men the mucous membrane of the urethra, the tube which conveys the urine from the bladder to the surface of the body; in women, in the great majority of cases, the mucous membrane of the vagina. The average incubation period, during which the gonococcus is multiplying itself, is from two to seven days, but it may be as short as one day, or as long as twenty-one days.

Effects of the disease in men.—The pathological process is the same in both men and women, but the effects of neglected or inefficiently treated gonorrhœa differ in the two sexes owing to the difference in the organs affected. In men, at the end of the incubation period the poisons elaborated by

the germs irritate the tissues of the urethra, and the inflammation gives rise to a discharge consisting in part of germs which have been destroyed by the white cells (leucocytes) of the blood, whose office it is to resist these and other noxious agents which may invade the human organism. This inflammation and discharge, as Mr. Kidd points out, are Nature's attempt to stop the infection at the beginning, and in a very few cases, where the power of resistance to this disease happens to be exceptionally high, the effort succeeds. The patient has an uncomfortable time for a few weeks: the passage of urine over the inflamed urethra causes "scalding," he may be feverish, and feels thoroughly "out of sorts," but presently the inflammation subsides, the discharge lessens and finally ceases, and he has no further trouble. These cases of spontaneous cure it is that are accountable for the levity with which the disease is sometimes regarded by those who know not how exceptional they are, and have no notion of the long-drawn-out suffering and the incapacitation which in other cases are its dismal sequels.

In ordinary cases which are not effectu-

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ally treated the germs invade the further parts of the urethra, infecting not only the tube itself and the surrounding tissues, but also the glands in communication with it—the prostate, the seminal vesicles, and the testicles, amongst others. The lymphatic glands in the groin also become slightly swollen and tender, and in severe cases abscesses (buboes) may form and require to be opened by incision. In a few weeks the disease, becoming chronic, passes into the stage known as gleet; for the time being the patient has no more pain, and there is nothing to remind him of his sufferings except that when he rises in the morning he may notice a little discharge—the "morning drop." Even this may be absent, and he may believe himself to be completely cured until he indulges in alcohol, or sexual intercourse, or some unusual exertion such as a long bicycle ride, when the discharge recurs. In a few days it may again cease; but the germs are only latent, and much more serious effects will presently reveal themselves as the result of their attacks upon the urethra, or the glands connected with it, or the bladder, or even the kidneys.

Thus the urethra may be so narrowed that the water is unable to pass along the channel, and this obstruction may lead to inflammation of the bladder, which may extend to the kidneys, with a fatal result unless surgical operation gives relief. The prostate gland, which surrounds the further end of the urethra near the bladder, may become chronically inflamed, causing profound mental distress as well as great physical pain. Not less serious are the effects of inflammation of the seminal vesicles, and if both of them should be affected, and their ducts become obstructed, the capacity for fatherhood is lost. This deprivation may also arise in another way, from inflammation of the testicles, an intensely painful condition which may end in atrophy (withering) of the organs. If the germs find their way into the bladder they will set up inflammation there—another very painful complication, characterised by a frequent and urgent impulse to micturate. From the bladder they may travel up the ureters to the kidneys, and these also will then become inflamed.

To this catalogue of genito-urinary complications in men must be added others, not

less painful and serious. The germs, like those of syphilis, may enter the blood-stream and so be disseminated throughout the body, and may even give rise to an acute form of blood poisoning. Many bad cases of inflammation of the joints which are commonly laid to the account of rheumatism or gout are really delayed manifestations of gonorrhœa. The joints may be permanently damaged and the patient be crippled, and similar crippling results may follow from inflammation of the tendons, or of the fibrous membrane that covers the muscles, and thus the patient may suffer from lumbago, or from flatfoot or other deformities. The inflammatory process may also attack other organs and structures—the heart, the meninges or membranes of the brain and spinal cord, the iris, the pleura, the peritoneum, the membrane covering the bones (periosteum), and the nerves, and so gonorrhœa has some share in the production of meningitis, iritis, pleurisy, peritonitis, periostitis, and neuritis.

Effects in women.—When the disease is contracted by women the gonococcus may find lodgment in the urethra, but most often,

as I have said, it penetrates the mucous membrane of the vagina. The first symptoms are local pain, and a sense of heat and tingling, accompanied by a profuse discharge. The disease is peculiarly liable to be overlooked in women because they are accustomed to pelvic pain and discharge from various other causes. If it is not promptly and effectively treated the germs may travel upwards to the womb and downwards to the external organs, and to the glands which lie on either side of the vaginal orifice, where abscesses may form, and where they may still find harbourage long after active symptoms have subsided. In cases where the urethra is not the site of inoculation the germs usually find their way there from the vagina and so to the bladder, where, as in men, they cause great pain. Gradually the affection passes into the chronic stage, in which there is little pain or discharge; but exposure to wet or cold, indulgence in unsuitable food or in alcohol, or in marital intercourse, may cause an exacerbation of the disease with a return of the symptoms.

The later complications are of a distressing character. Women are liable to

much the same affections as those arising in men when the germs have found their way into the blood-stream—blood poisoning, inflammation of the joints and tendons, of the heart, the pleura, the periosteum, the iris, and the nerves. The maternal organs, not only the womb, but also the ovaries and the tubes, with the surrounding tissues, are much more susceptible to attack than are the reproductive organs in men, and it is now known that a large proportion of the cases of pelvic inflammation to which women are so prone are due to this cause. In many cases, to save the patient from permanent invalidism and, it may be, death, the organs have to be removed, and thus the capacity for motherhood is lost. Nor is this the only or the most frequent way in which gonorrhœa robs women of their highest privilege. In the early stages of the disease it may prevent conception by destroying the spermatozoa on which impregnation of the female element depends, or by making it impossible for them to reach the womb. From these causes conception is impossible during the acute stage, and, though it may occur when the attack is subsiding, the preg-

nancy not seldom ends in miscarriage, owing to extension of the inflammation from the vagina to the lower part of the womb. Should the child be carried to full term there is great risk of the ovaries and tubes becoming infected, so making any future pregnancy impossible, while if other bacteria should join forces with the gonococcus the hapless woman, in giving birth to her child, may be attacked by fatal puerperal fever. That gonorrhœa is a prolific cause of female sterility is beyond doubt; it is estimated, indeed, by those most competent to judge, that it is responsible for not less than 50 per cent. of all the cases. Well may the Royal Commissioners remark, after recounting these facts relating to female sterility, that "a far more serious view of gonorrhœa than has hitherto been adopted" should be taken both by the medical profession and the public.

That one should have to speak of this disease in relation to little girls is lamentable, but so it is. The Report of the Royal Commission states that in children's hospitals and in rescue homes girls between the ages of 4 and 14 are frequently found to

be suffering from it. It is often communicated indirectly, by contact with contaminated towels, etc., but in many cases, shameful as is the fact, these children are infected in vile attempts made upon their innocence. Fortunately, the disease is usually, though not invariably, limited to the external parts, but it is very difficult to apply efficient treatment, and there is the danger that, by rubbing its eyes with a soiled hand, the child may contract gonorrhœal ophthalmia, and so run grave risk of losing its sight.

Effects on offspring. — We have seen how disastrously gonorrhœa must affect the birth-rate by the havoc it works both in men and in women. It is also the cause of a large number of cases of the disease known as ophthalmia neonatorum—inflammation of the eyes in the new-born, the same disease as that referred to at the end of the last paragraph. The part attacked is the conjunctiva, the membrane which lines the inside of the eyelids and the front part of the eyeball. This delicate structure is usually infected in the act of birth, by the gonorrhœal discharge from the mother, but it may also be infected shortly after birth

by the infant touching its eyes, or by contact with defiled towels, etc. Midwives and maternity nurses are now trained to cleanse the child's eyes immediately after birth with boric-acid solution as a routine precaution, and to apply disinfectants where necessary, and the cases of blindness due to this cause are happily becoming less frequent; but it is calculated that 70 per cent. of all cases of ophthalmia neonatorum are gonorrhœal, and that, as we have already seen, *of all the blindness in the country gonorrhœa is responsible for not less than one-fourth.*

Enough has been said to show how grave are the effects of neglected gonorrhœa. When, indeed, one remembers its enormous prevalence, the ease with which it is communicated, the suffering it entails, especially upon women, the myriads of children whom it has doomed to blindness, and its calamitous influence upon the birth-rate, it seems misleading to speak of it as "less serious" than syphilis, and *is* misleading unless the reader has been brought to a due sense of the gravity of the "more serious" disease.

How the disease is recognised. — The urine and the mucous membrane can be

examined for indications of gonorrhœa; but the most important method of diagnosis consists in microscopical examination of the discharge. In the acute stage the germs can be recognised without difficulty; but in the chronic stage their detection is by no means easy, for they are now not nearly so numerous, nor is their appearance so characteristic, and they may be altogether absent for weeks together, hiding in the recesses in which the urethra abounds. Repeated examinations may therefore have to be made. It is a striking indication of the pernicious effect of alcohol in this disease—and it is hardly less detrimental in syphilis—that one way of making sure whether absence of the germs and of the other signs of gonorrhœa is temporary or permanent is to give the patient leave to resume temporarily the use of intoxicants, which has to be forbidden during treatment. "Nothing," as Mr. Kidd remarks, "stimulates the lurking gonococcus like alcohol." If at the end of a week the signs of gonorrhœa are still absent, it may safely be concluded in these cases that the disease is cured.

The remedies for gonorrhœa.—As in

syphilis, so equally in gonorrhœa, it is of the greatest importance that the disease should be recognised and treated in the early stage. If the gonococcus can be prevented from reaching the further parts of the urethra in men, and can be restricted to the vagina in women, the serious complications that have been described will not arise. In this country the methods of treatment have, as a rule, been inferior to those in use in France and Germany and America, and too much reliance is still placed upon the old methods. One mistake still often made is that of trusting to rest and to the administration of copaiba and other oils by the mouth, and postponing the use of injections for some weeks from the fear of "driving the disease back," whereas the disease will of itself extend along the urethra or the vagina, as the case may be, unless prevented by injections that destroy the germs. Another mistake is that of giving injections from the beginning but giving them too weak, or too strong, or not of the right kind. The drug which is found to be most destructive of the gonococcus is nitrate of silver, but as this substance is very irritating to the mucous

membrane, special preparations of it which are but slightly irritating, and yet inimical to the germs, are employed in weak solutions. In very acute cases it may be necessary to wait until the inflammation has quieted down before beginning the injections; they must then be persisted in until the germs that may have reached the further parts of the urethra in men or the womb in women have all been destroyed. Even in more ordinary cases this treatment may at first aggravate the pain which is felt in micturition and cause the discharge to be more profuse, but its effects will be seen before long in mitigated pain and diminished discharge. In women the use of antiseptic douches, as for an ordinary discharge, instead of injections that will kill the germs, is most injudicious, for the only effect is to facilitate their progress to the internal parts.

Promptly and skilfully treated along the lines thus described, the disease may be cured in a few weeks, but no rule as to time can be laid down. In some cases treatment has to be continued for four or five months, or even longer.

CHAPTER IV

The Prevalence, Distribution, and Economic Effects of Venereal Disease

As soon as we ask whether venereal diseases are increasing or diminishing in this country, we are confronted with the disconcerting fact that no trustworthy statistics as to their prevalence are on record. This is true both of Poor Law institutions and of voluntary hospitals. It is also true of the Registrar-General's returns of the number of deaths due to syphilis, while the National Insurance Commissioners are not yet in a position to supply figures relating to these diseases. The Royal Commission on Venereal Diseases had, therefore, reluctantly to confess that, "except in the case of the Navy and Army, there are at present no means of arriving at an accurate estimate" of their prevalence. If the Registrar-General's returns of the deaths caused by syphilis could be trusted it would appear that this disease is on the down-grade. In 1875 the deaths

per million inhabitants certified to be due to it were 89; in 1911 the proportion had fallen to 51 per million. But Dr. Stevenson, the Superintendent of Statistics to the Registrar-General, says bluntly that "the worthlessness of the returns as an absolute statement of the number of deaths from venereal disease scarcely requires demonstration." Many deaths which should be ascribed to syphilis are attributed to other causes out of regard for the feelings of relatives, and many primarily due to it are ascribed to the consequential diseases. Thus, to give actual instances, a death caused by gumma of the brain—a manifestation of tertiary syphilis—was certified to be due to "cerebral tumour," while another which was the result of arterial syphilis was put down simply to "arteritis." How little reliance these returns deserve, so far as syphilis is concerned, is evident from the fact that they show no decline in the number of deaths from the consequential diseases, as would certainly be the case if syphilis itself had undergone a substantial diminution. On the whole, the Royal Commissioners express themselves as "doubtful whether there has been

any reduction in the mortality justly attributable to syphilis in recent years."

Both in the Navy and in the Army, however, there has been of late years a pronounced decline of venereal diseases. The causes of the improvement in the Army have been luminously described by Colonel Gibbard, R.A.M.C. A chief place among them must be assigned to the systematic use which has been made of the newer methods of diagnosis and treatment, where the Royal Army Medical Corps has led the way. But influences of a moral and educational kind have also borne their part. Thus lectures are given to the men to bring home to them the consequences of contracting venereal disease, and similar warnings are conveyed in talks to them individually. The barracks have been made more attractive by the provision of comfortable reading and recreation rooms, outdoor sports and pastimes have been encouraged, and in these and other ways the men have been furnished with salutary and elevating counter-attractions to the enticements of the canteen and the town. I have paused to speak of these things because they have a very distinct bearing upon

the problem how to lessen the incidence of venereal disease upon the civil population, and I hope the reader will remember them when we come to consider the means of solving that problem.

Prevalence.—After hearing a great deal of evidence from experts, and studying such figures as they could obtain, the Royal Commissioners came to the conclusion referred to on earlier pages — that the "number of persons who have been infected with syphilis, acquired or congenital, cannot fall below 10 per cent. of the whole population in large cities, and the percentage affected with gonorrhœa must greatly exceed this proportion." That arresting statement may suggest the question whether these diseases are more rife in our large centres of population than in those of other countries. To this a negative reply can be given without hesitation. Thus Erb has estimated that 12 per cent. of the population of Berlin is syphilitic, and we have seen that in that city he estimates the number of persons who have contracted gonorrhœa to be six times as great. Fournier was of opinion that there was less syphilis in London than in Paris,

where he reckoned that 15 per cent. of the inhabitants had been infected. In Melbourne, again, authoritative investigations show that these diseases are extremely widespread.

We are not justified, therefore, in this connection, in indulging our national foible of believing that we are worse than our neighbours. But even so, how necessary it is that we should endeavour to realise what these percentages mean. Dr. Douglas White, who has given special attention to the statistical side of venereal disease, has pointed out that if 10 per cent. of the population of London have been infected with syphilis, it follows that in the metropolis alone there are 450,000 syphilitics. Further, he has shown that the proportion of recorded deaths from this disease and the consequential diseases, as between London and the whole of the United Kingdom, is approximately 1 to 7, and that according to the same proportion the whole country would contain about three millions of syphilitics. Gonorrhœa is much more prevalent still; but it would be useless to carry the calculation further, for the two diseases may coincide in the same

patient, and all that it is safe to assert is that the cases of gonorrhœa are probably several times as numerous as those of syphilis.

Distribution.—If of little value as regards prevalence, the available figures are more trustworthy as indications of the distribution of syphilis. Taking first the *geographical* distribution, the mortality recorded for syphilis is greatest in England and Wales, where the crude annual death-rate per million inhabitants from this cause is 46, while in Scotland it is 42, and in Ireland not more than 22, or less than half the rate recorded for England and Wales. These figures, by the way, are an interesting indication that the sister island well deserves the reputation she enjoys for marital fidelity. The mortality from the consequential diseases, general paralysis of the insane, locomotor ataxy, and aneurysm, follows the same relative order of distribution, except that the mortality from aneurysm, for some reason difficult to explain, is highest in Scotland, while, like that from general paralysis, it is disproportionately low in Ireland. If we compare town with country, we find that syphilis and the affec-

tions which are its sequels are essentially town diseases. The mortality is highest in the country boroughs ; then come the smaller towns, while the rural districts are far in the rear. There are no actual figures bearing upon the geographical distribution of gonorrhœa, but the evidence obtained by the Royal Commission tends to show that, like syphilis, it is very predominantly a town disease.

The *social* distribution of syphilis tells the same story of greater prevalence in town than in country. The mortality from syphilis and the three consequential diseases among males over 15 years of age is found to be highest in the ranks of unskilled labour, and next highest among the partly skilled labourers. Then come the upper and middle classes, and after them the class intermediate between them and the skilled labourers. These skilled labourers occupy the fifth place in this discreditable table of precedence, the textile workers the sixth, the miners the seventh, and the agricultural labourers hold the place of honour at the bottom of the list. I quote the actual figures from the Report of the Royal Commission, but their signi-

ficance will better strike the eye if they are given in the order of prevalence.

Order of prevalence	*Class*	*Death-rate*
1	Unskilled labour	429
2	Between unskilled and skilled labour	304
3	Upper and middle	302
4	Between 3 and 5	280
5	Skilled labour	264
6	Textile workers	186
7	Miners	177
8	Agricultural labourers	108

The figures are a curious example of the meeting of extremes, the mortality being highest among the unskilled and partly skilled labourers on the one hand, and the "upper and middle classes" on the other hand. The Report states that possibly the discrimination in Classes 1 to 5 may admit of some error, but that the last three classes—textile workers, miners, and agricultural labourers—are probably well defined. There can be no doubt, then, that syphilis is a town disease, nor that among the unskilled labourers who herd together in our great cities it is four times as prevalent as among the peasantry.

Economic effects.—Properly to deal with

this aspect of the subject would require a whole volume; all that can be done in these pages is to give some fragmentary indications of the enormous waste of the nation's resources in which we are involved as the result of having left venereal diseases to pursue their disastrous course without let or hindrance.

We may begin with the children. The subjects of congenital syphilis and gonorrhœal ophthalmia crowd the special schools that have to be provided for the education of blind and deaf children. For example, in the London County Council schools for the blind there are some 1,100 children, more than half of whom—from 55·6 to 58·4 per cent.—owe their blindness to these diseases. Apart from the money spent in providing treatment for these blind and deaf children, the cost of educating them is from seven to ten times greater than that of educating normal children, and when their education is finished they may still be more or less a charge upon the community. To them must be added a large proportion of the idiots and imbeciles who are maintained in our eleemosynary and Poor Law institutions, as

well as children who suffer from the bone and skin diseases due to congenital syphilis.

How stands the case as regards adults? In the first place, an enormous amount of temporary incapacitation from work is brought about by venereal disease—how much it is impossible to say; but the venereal statistics of the Navy and Army throw some light on the question. Although in both these Services the best methods of treatment are in use and the incidence of the diseases has been diminishing, we find that in the year 1912, with an average strength in the Navy of 119,540 men, as many as 269,310 days were lost as the result of venereal disease, while in the home Army during the same year, with a strength of 107,582 men, the average number "off the strength" from this cause was 593, representing a loss of 216,445 days. Thus, with a total naval and military strength of about a quarter of a million, more than 320,000 days were lost from venereal disease. When it is remembered that the workers of the country—using that term in its widest sense—are millions in number, and that no organised attempt has yet been made to bring these diseases under control, it can

be seen at a glance that the number of working days lost to the nation every year is to be counted not by the hundred thousand, but literally by the million.

Even more serious than the temporary incapacitation of adults is the permanent disability which results from the late manifestations of syphilis. The estimate of the Royal Commission is that in England and Wales alone the expenditure on the victims of general paralysis of the insane in public asylums amounts to nearly £90,000 a year, and that if to this disease are added other forms of syphilitic insanity requiring asylum treatment, the annual cost cannot be less than £150,000, and may be much more. Many sufferers from other incapacitating affections, such as locomotor ataxy, various forms of paralysis, circulatory affections, and chronic skin and bone diseases, have to be maintained in Poor Law infirmaries, where, like the insane in asylums, they may linger for ten, twenty, or even thirty years, a constant charge upon a community which is thus made to suffer for its neglect of an obvious duty.

Immense as is the cost of educating and

maintaining the victims of venereal disease, juvenile and adult, we still have to bring into the account the potential loss involved in their inability to take their part in the productive work of the nation, and to this again has to be added the potential loss resulting from the sacrifice of multitudes of lives before birth and in early infancy. To convey any due sense of the magnitude of all this lamentable waste of the nation's assets is beyond my powers of exposition. I can only say, in the words of the Report of the Royal Commission, that if it could be rendered in terms of annual expenditure, "the resulting total must be enormous." Is it not time, then, if only on economic grounds, that a strenuous and systematic effort were made to root out these diseases from the life of a nation which now has the most imperative reasons for husbanding its resources?

CHAPTER V

Spreading the Light

THE canker which has for so long been corroding the body politic has now been described. The essential features of syphilis and gonorrhœa, the wide prevalence of these diseases, and the havoc they are working to the health and economic welfare of the community, have been disclosed. The more agreeable task follows of showing how the nation is to be saved from their ravages. The remedy for the evil, as conceived by the Royal Commission, is divisible into two main parts—(1) the provision of facilities for the diagnosis and treatment of these diseases, and (2) the propagation among the people of the kind of knowledge which I have been endeavouring to convey in these pages, so that they may shun infection as they would shun a deadly poison—which indeed it is—or, if the light comes too late, or is disregarded, may at any rate submit themselves to skilled treatment in the earliest

stage, while there is yet time to avert its worst effects. I propose to take these two things in the reverse order to that in which they appear in the Report. In doing so I raise no question as to their relative importance in the situation in which we find ourselves, with venereal disease spread broadcast in all the great centres of population, nor as to their logical order. I wish simply by this inversion to emphasise how much more desirable it is that disease should be avoided than that it should be cured. The present chapter will therefore be concerned with the educational aspect of the remedy, while its practical and administrative phase will be considered in the next.

A transformation.—The old notion that venereal disease is too indelicate a subject to be spoken of or written about has been sufficiently discredited by its calamitous fruits. None the less, the virtually universal acceptance of the policy of frank discussion as soon as it was proclaimed has been startling. The war, no doubt, has had a great deal to do with the altered attitude of the public towards the subject. Armageddon has changed the values in almost

every sphere of the nation's life, has invalidated many a musty precedent and annihilated many a hollow convention, has created a presumption in favour of a vigorous and drastic handling of great questions. But this is not the full explanation of the nation's readiness to tear down the veil of silence behind which these things had been hidden. It must also be assumed that a sense of the folly—one might almost say the criminality—of leaving men and women, and especially the young, in blank ignorance of the grave risks incurred by any departure from the path of virtue had been imperceptibly growing up in the mind and conscience of the community. How often, when the discovery of venereal disease is made, must its victims have asked, "Why was I never told of this?" And if a note of indignation creeps into the question, who can say that it is without reason? It is for us to make it impossible that that question shall ever be asked in the future.

At the same time, it must be recognised that the propaganda which it is necessary to carry on is subject to one disadvantage. There are people who, having been exposed

to contagion, it may be at some remote period, fear quite groundlessly that they have contracted syphilis. There are others who, having contracted it and been effectually treated, fear a relapse. In some cases these fears become an obsession, and a state of mind is induced which is known as syphilomania. Such cases will, no doubt, be more numerous now that the subject of venereal disease is being pressed upon the attention of the nation. The drawback must be accepted as unavoidable; but it *is* a drawback, and it suggests that all who take part in this campaign should be studiously careful to avoid exaggeration which might excite needless alarm, and should never insist upon the seriousness of venereal disease without making it clear that by prompt treatment of the right kind its progress can be arrested.

Education in the home and in the school.—Education of the kind we are now considering should begin in the home. Primarily the responsibility is that of the parent —of the father in relation to the son, of the mother in relation to the daughter. The Royal Commission has reminded parents that the efforts made by others cannot

relieve them of their natural obligation to give their children all necessary guidance and admonition. But we must take the world as we find it; we must recognise that there are multitudes of fathers and mothers who will neglect this elementary duty, even when they possess the knowledge of these things themselves. And this is true not merely of those who are without any sense of parental responsibility. The establishment of confidential relations between parents and children, and especially, perhaps, between father and son, is often curiously difficult, even when there is no lack of affection, as Mr. Wells has shown in the brilliant and powerful novel which he gave to the world in the autumn of 1916. It is necessary, therefore, that others should take up this task of spreading the light. Though it may not be fitting that the subject should be dealt with in elementary schools, it is desirable, as the Royal Commissioners point out, that the practice which is growing up for head teachers to have private interviews with pupils when the time comes for them to go out into the world, or before if they should betray special need of moral guid-

ance, to warn them of the temptations that will assail them, should become general. If the discretion of the teacher can be relied upon, the warning should be repeated in evening continuation schools, and to warning should be added information on these subjects; and it is advised that the aid of properly constituted voluntary associations should be enlisted not only here, but also in factories and workshops wherever it is possible to arrange for this kind of instruction to be given.

In public and secondary schools there is at once greater need and greater opportunity for moral education. The subject has for some time been receiving consideration from headmasters and headmistresses, and the Royal Commissioners express the hope that their attention will now be directed to it still more effectively, while they consider that in the Universities much remains to be done by those responsible for the moral education of undergraduates. They add that students in training colleges should be carefully prepared for the work which will fall to them in this direction. This point cannot be too much stressed. If the guidance

furnished in school and college is to be acceptable it must proceed from instructed minds, and be offered with all possible delicacy and tact.

The co-operation of voluntary agencies.—We have seen that there is work for voluntary associations in continuation schools and in factories and workshops. The Royal Commissioners recognise what has been done for the welfare of the young by institutions such as the White Cross League and the Alliance of Honour, and they invite the help of properly managed boys' and girls' clubs, of the Boy Scouts, the Boys' Brigade, and similar agencies, as well as of rescue and preventive societies. It will presently be seen that these appeals were answered in advance.

Propaganda by the printed word.—For this form of education there is clearly immense scope. Here, however, the Royal Commissioners utter a significant word of warning. Some books and pamphlets were brought to their notice which they found to be both misleading in a medical sense and calculated to do positive harm by the injudicious manner in which the subject is

treated. No one acquainted with the publications which provoked this warning can have any doubt as to its necessity. Their deplorable taste is the least of their faults. Nothing more admirably suited to disgust the public with the whole movement could be imagined. The Commissioners advise, therefore, that no publications should receive the countenance of educational authorities which are not issued with the imprimatur of the body of which some account may now be given.

The National Council for Combating Venereal Diseases. — This Council was formed while the Royal Commission was pursuing its investigations, the inaugural meeting being held on November 11th, 1914, under the presidency of Sir Thomas Barlow. When the Commission was dissolved, five of its medical members, with Mrs. Creighton and the Rev. Dr. Scott Lidgett, accepted seats on the Council, while Lord Sydenham, the able and distinguished Chairman of the Commission, to whose wise guidance more than to any other single factor is to be attributed the signal favour with which the nation has received its Report, allowed

himself to be nominated President, with Sir Thomas Barlow and the Bishop of Southwark as Vice-Presidents. The Council embraces many leaders of the medical profession, representatives of the Churches, and a great diversity of social and philanthropic workers. Among the societies and institutions officially represented—to name but a few—are the Royal College of Surgeons of England and the Royal College of Physicians of London, the University of Glasgow, the Royal Society of Medicine, the Society of Medical Officers of Health, the Free Church Council, the Catholic Education Council and Catholic Social Guild, the Salvation Army, the Church Army, the Jewish Association for the Protection of Girls and Women, the Young Men's and Young Women's Christian Associations, the Headmasters' and Headmistresses' Associations, Queen Victoria's Jubilee Institute of Nurses and the Royal British Nurses' Association, the Charity Organisation Society, the Settlements Associations, the Eugenics Education Society, the National Vigilance Society, the White Cross League, the Association of Lady Visitors in Prisons, and the Rescue and Preventive Committee of the

National Union of Women Workers. There is, in fact, hardly any form of religious, moral, or hygienic effort which is not represented, directly or indirectly, on this body. The presence of so many leaders of the Churches is a guarantee that moral and religious incentives will receive their due emphasis in the Council's propaganda. Especially gratifying is it that so many women social workers should have thrown themselves enthusiastically into the Council's work. The co-operation of women is, indeed, essential to its success. Few of the spheres in which they are now doing such magnificent work for the nation offer such scope for their special gifts as does this.

The aims and objects of the Council, as defined by itself, are these:

1. To provide accurate and enlightened information as to the prevalence of these diseases, and as to the necessity for early treatment.

2. To promote the provision of greater facilities for their treatment.

3. To increase the opportunities of medical students and practitioners for the study of these diseases.

4. To encourage and assist the dissemination of a sound knowledge of the physiological laws of life in order to raise the standard both of health and conduct.

5. To co-operate with existing associations, to seek

their approval and support, and to give advice when desired.

6. To arrange, in connection with such organisations, for courses of lectures, and to supervise the preparation of suitable literature.

7. To promote such legislative, social, and administrative reforms as are relevant to the foregoing aims and objects.

The Council's many-sided work is done through the medium of committees—a Military Committee to carry out educational work in the Army, a Propaganda Committee to conduct a general educational campaign and secure the necessary publicity, a Literature Committee to decide to what publications the imprimatur of the Council should be given and to foster the production of further literature of a suitable kind, a Medical Committee to promote the organisation of facilities for treatment and to encourage researches in connection with these diseases, a Finance Committee, and an Executive Committee to co-ordinate the operations of all the others. A large quantity of literature has already been distributed, including abstracts of the Royal Commissioners' Report. Many hundreds of lectures have been delivered, and the

Council's first annual report records the fact that down to June 23rd, 1916, some six hundred thousand soldiers had attended the lectures given, with the approval of the Director-General of the Army Medical Service, in military centres. The leading organs of the Press have opened their columns to the discussion of the subject, and will, no doubt, do so still more freely now that the ice has been broken and the nation has become interested in the question; and in spite of so many other urgent claims upon its purse, a generous public has provided the Council with the funds which have made all these activities possible, and may be trusted to make what further provision is necessary from time to time as the work expands, as expand it must.

CHAPTER VI

Facilities for Diagnosis and Treatment

THAT the existing facilities for diagnosis and treatment are grossly inadequate is universally admitted. With regard to *diagnosis*, the modern methods that have been described in earlier chapters are little used either in Poor Law institutions, in prisons, in contract medical practice, or in connection with Public Health work. The case of the voluntary hospitals is somewhat better, and has of late been improving, but the provision is still quite insufficient. Even for well-to-do patients the new methods are employed less fully than they might be, partly because of the expense and partly because there are still some medical men who do not properly appreciate their value. Essential as they are to the detection of venereal disease in the earliest stage, it is only in the Navy and Army that reasonably full advantage is taken of them.

Of facilities for the modern methods of

treatment there is as great lack as of those for diagnosis. The accommodation provided in the general hospitals for venereal patients is, in the words of the Royal Commissioners, " altogether insufficient." In some hospitals such patients are not eligible; in others, although eligible, they are not encouraged; while the arrangements made for outdoor treatment take no account of the convenience of the patients. There are only four special hospitals for these diseases in the United Kingdom—those in London, Manchester, Glasgow, and Dublin; and though they are doing a most valuable work, it is, of course, on a relatively minute scale. In Poor Law practice, again, the provision is inadequate. Under the National (Health) Insurance Act venereal patients are entitled to medicine and to such medical treatment as can " be properly undertaken by a general practitioner of ordinary competence and skill "; but the injection of salvarsan, for example, is certainly not yet within the competence of all general practitioners. It must here be noted that by a model rule of the National Health Commissioners venereal patients are disqualified for sickness or dis-

ablement benefit; and although the rule is enforced leniently by some societies, by others it is observed strictly. They are thus deprived of a material inducement to place themselves under qualified treatment, and the Royal Commissioners condemn the rule as contrary to the interests both of public health and of economy—an emphatic expression of opinion which it is to be hoped may lead to its prompt abrogation.

The policy of the Royal Commission.—We have seen that all sections of the civil population suffer in greater or less degree from insufficient facilities for diagnosis and treatment. The policy of the Royal Commission for meeting the deficiency is not wanting in boldness. *It is that of rendering the best means both of diagnosis and of treatment available, free of charge, to every venereal patient who is willing to take advantage of them.* The point of view from which the question is regarded is that, venereal disease once acquired, it is at once the duty and the interest of the State to see that it is promptly cured, because, if it is not, the patient will continue to be a source of danger to the public health, will sooner or later

be incapacitated from taking his part in the nation's work, and in a large proportion of cases will become a charge upon the public purse. It is not forgotten that many people bring these diseases upon themselves by their disregard of the dictates of morality; but it is also remembered that multitudes of the sufferers are entirely innocent of moral fault. To discriminate between the two sets of cases is clearly impossible, nor, even if this were possible, would it be justifiable to deny the means of treatment to those who may have themselves to thank for their plight. As Lord Sydenham cogently pointed out in his first presidential address to the National Council, Providence has allowed to mankind the knowledge of remedies for these diseases, and it would be criminal to neglect them. "That it could be desired or intended by the Almighty that helpless women and children should suffer for the sins of others is not a doctrine likely to survive in the light of knowledge." It is, indeed, so essentially irrational and inhuman that it may be left to be its own confutation.

But, it may be asked, why should those who are well able to pay be allowed to claim

gratuitous treatment? Well, it is not intended that such patients should receive free treatment unless it should prove to be the only way of inducing them to accept treatment. They will be told that they ought to be treated privately, and the Medical Officer of Health may be trusted to make their duty sufficiently clear to them. But if in the end they refuse to provide themselves with private treatment, then, less in their own interest than in the interest of the community, they will be allowed to have institutional treatment. Such cases will probably not be numerous, and the point has little practical importance, except that to decide it otherwise would be to negative the broad principle that the interest of the community imperatively requires that these diseases should be cured, even though the community has to bear the whole of the cost. If for any reason whatever a case goes untreated, the actual and potential loss to the nation in the long run would be indefinitely greater than the cost of treatment in the only stage in which treatment can be effectual.

Outlines of the scheme. — The scheme

by which the policy is to be carried out can be stated quite briefly. The facilities for *diagnosis* are to be organised, as far as possible, in connection with existing laboratories in Universities and in general hospitals, and all borough and county hospitals which are sufficiently large are to be encouraged to provide laboratories of their own with a salaried pathologist, so as to become pathological centres for the various counties or districts. To these laboratories will be sent material for submission to the tests which will determine whether the patient is suffering from venereal disease. This is the revival of a scheme which was devised a few years ago for the development of diagnosis of disease in general by laboratory methods. In 1914–15 the House of Commons voted a grant of £50,000 for the purpose, and the Local Government Board had prepared a circular letter to the county councils and county borough councils inviting them to frame schemes and submit them for approval. Then came the war, and the letter was never issued.

Similarly, use is to be made of existing institutions in the organisation of the means

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of *treatment*, the institutions here being the general hospitals, in which wards are to be allocated to venereal patients who need indoor treatment, while for outdoor patients evening clinics will be provided, the evening being the time when working-class patients can most conveniently attend. An alternative plan would have been the creation of special hospitals exclusively for venereal disease, but this, besides being much more costly, lies open to the fatal objection that venereal patients, naturally enough, are averse, as a rule, from going for treatment to institutions where their very presence would proclaim the nature of their disease. Another feature of the scheme is that the treatment at any centre is not to be limited to patients living in a given area. Those who are so anxious to keep their secret that they would be nervous about going to a hospital in their own district will have the option of attending elsewhere.

Subject to proper safeguards, it is recommended that private practitioners should be supplied gratuitously with salvarsan or its substitutes for the benefit of their poorer patients. This arrangement is necessary in

order that no one should be debarred by lack of means from the advantages of this treatment. Further, it is important that opportunities should be afforded to general practitioners and medical students to acquire the technique of the new methods of treating venereal disease, and it is proposed, therefore, that the wards and clinics to be provided under the scheme should be accessible to all medical men and medical students who desire to become proficient in these methods. The Royal Commissioners also made some suggestions to the teaching authorities of the medical profession with a view to the better instruction of students in venereal disease; but into this subject it is not necessary to enter in a book intended for the general reader.

The view of the Royal Commission is that no satisfactory scheme for rendering the means of diagnosis and treatment universally available can be organised unless the responsibility is shouldered by the State. It was therefore for the Local Government Board to take the initiative by inviting the larger local authorities, such as the county councils and the county borough councils,

to frame schemes on the lines here traced out, after consultation with the governing bodies of the general hospitals. The cost will, of course, be considerable, and the Royal Commissioners considered that as the movement is for the benefit of the whole community, and patients are to be entitled to treatment anywhere and not merely in their own districts, and as, moreover, these diseases have a national and not merely a local importance, and the need for action is urgent, not more than 25 per cent. of the expenditure should be borne by the rates, the remaining 75 per cent. to fall upon the Exchequer. The wisdom of thus casting three-fourths of the burden upon the State is not likely to be questioned. Apart from considerations of abstract justice, if such considerations can enter into the question, it can hardly be doubted that if the local authorities had been called upon to bear a more considerable proportion of the cost it would have been much less easy to count upon their willing co-operation, which it is most desirable to secure. If any local authority should refuse to come into the movement, it is proposed that the Local Government Board

should be empowered to make direct arrangements with the hospital authorities in the area. At present I know of no indications that it will be necessary to resort to this procedure.

Such are the main outlines of this comprehensive plan for solving on the practical side the problem which the Royal Commission was charged to investigate. Its reception by the country has been favourable to a degree for which few members of the Commission could have been prepared. The Report was issued in February, 1916. In April, ample evidence being forthcoming that the nation had awakened to the gravity of the situation, a deputation from the National Council waited upon the then President of the Local Government Board, and had the satisfaction of being told by Mr. Walter Long that they were knocking at an open door, that the Government had decided to carry out the plan, and that the Board was about to communicate with the local authorities inviting them to frame schemes for approval. It was fitting that this epoch-making announcement should have been made by Mr. Long, for it was he who

carried out, in the teeth of a formidable opposition, the policy which ended in the total suppression in this country of rabies. At a great meeting at the Mansion House of the City of London in the following October, presided over, in the absence of the Lord Mayor, by Lord Sydenham, and addressed by Mr. Herbert Samuel, at that time Home Secretary, as well as by the President of the Local Government Board, it was reported that the Board had been in communication with the local authorities in England and Wales and that the new programme was well launched. In the same month the Local Government Board for Scotland issued an Order to the local authorities of that country on the same lines as that which had been sent out to the local authorities of England and Wales.

One of the first of the schemes to come into operation was that of the London County Council, which was adopted by the Council, without a dissentient vote, at the end of November, 1916, and at once sanctioned by the Local Government Board. It had been framed in consultation with the local authorities of the Home Counties, with

a view to the common utilisation of the hospital facilities for which the scheme provides. The scheme for the City of London was adopted by the Common Council early in December, and many other local authorities now have schemes either actually at work or ready for submission to the Local Government Board.

There are still difficulties to be removed and misunderstandings to be cleared up; but, on the whole, the attitude both of the local authorities and of the hospitals, so far as my knowledge goes, has been sympathetic, and the handsome tribute paid to the hospitals by Mr. Long on behalf of the Government at the Mansion House meeting was well deserved. If "well begun is half done," the triumphant success of this great departure in Preventive Medicine is assured.

CHAPTER VII

Should Venereal Diseases be Notifiable?

THE question whether these diseases should be made compulsorily notifiable is one that demands serious attention. The Royal Commission took a great deal of evidence bearing upon it, and gave it careful and even anxious consideration, with the result that, subject to a qualification to be mentioned presently, its members unanimously decided not to recommend any system of notification, even of a confidential nature. In some quarters this decision has caused acute disappointment, and it is necessary, therefore, to review the reasons that are to be urged for and against notification.

Results of notification. — Undoubtedly there is a strong prima-facie presumption in favour of notification. This policy has been applied to one infectious disease after another, with great benefit to public health in not a few instances, as is recognised by the Local Government Board. In

measles and whooping-cough the results have been inconsiderable, because these diseases are infectious in a high degree before their nature can be determined. But in typhus and typhoid fever, smallpox, scarlet fever, and diphtheria notification has yielded excellent results, and it is proving to be of great value in tuberculosis, to which it was fully extended so recently as 1914. It is natural, then, that many who feel strongly about the prevalence of venereal diseases should desire that a policy which has answered so well in some other diseases should be extended to these.

What notification does. — Let us see precisely how notification tends to check the dissemination of infectious disease. When a Medical Officer of Health is notified of a case of acute infectious fever—say scarlet fever—he is able not only to carry out an investigation as to the channels of infection, such as an infected water supply, and take steps for stopping the infection at its origin, but to arrange for the isolation of the patient, either in a fever hospital or in the patient's own home, and also, where necessary, for some measure of isolation (quarantine) of

those who have been in contact with him. Further, he can ensure that when the patient has been removed to a hospital, or when he has recovered if he remains at home, measures of disinfection are duly carried out.

Now let us ask whether isolation and disinfection are appropriate in venereal diseases. Isolation surely is not necessary. These diseases are not infectious in the sense in which the epidemic fevers are infectious; the infection is not diffusive, is neither air-borne nor water-borne, nor does it attach itself to things that have been in proximity to the patient. They are *contagious* diseases, and while it is necessary that the patient in the infective stages should avoid certain kinds of physical contact, and that articles contaminated by him, such as drinking vessels, should not be used by others, there is no need whatever for isolation. And in diseases such as these, which may run a course extending over months or years, isolation is at least as impracticable as it is unnecessary.

Disinfection? This is no more appropriate to venereal diseases than is isolation.

Here it is the patient who needs to be disinfected, not his surroundings, and the only way of disinfecting him is to cure him. And that is to be done not by notification, but by rendering accessible to him, however poor, the best means of treatment, by bringing him to see the grave and irremediable consequences of neglecting them, and by ensuring that he shall not be deterred from availing himself of them by the fear that his secret will not be kept.

Notification and tuberculosis. — But it may be considered more profitable to bring tuberculosis rather than the acute infectious fevers into comparison with venereal disease, for tuberculosis, like syphilis and gonorrhœa, may run a very prolonged course. In what ways does notification tend to check the spread of tuberculosis? Chiefly because, when a case is notified to the Medical Officer of Health, he, or someone who undertakes the duty for him—it may be the medical officer of a tuberculosis dispensary—can follow the patient to the home and see that the treatment prescribed is carried out, and that precautions against communication of the disease are properly observed. At the

same time he can examine other members of the household, so that any who have already acquired the disease, and may have no suspicion of the fact, may come under treatment while it is still in an early stage and there is hope of permanently arresting its advance. Are such measures possible in the case of venereal diseases? Obviously, from the odium that surrounds these diseases, and the anxiety of the patient to keep his secret, they are not, nor can I imagine that any advocate of notification would maintain the contrary.

Compulsory treatment.—Some of those who are agitating for compulsory notification do not shrink from coupling with it compulsory treatment. Their logic is admirable, but what of their sense of the practicable? To believe that, brought face to face with this difficult and delicate problem, a nation so passionately resentful of official invasions of personal liberty would, without a long process of argument and persuasion, tamely acquiesce in coercion such as this, is a state of mind which I can only regard with amazement. But if compulsory treatment, under present conditions, is out of the ques-

tion, it follows from our analysis of notification that from the extension of this system to venereal diseases no such advantages are to be expected as have accrued in certain of the infectious fevers and in tuberculosis. Little, indeed, would be gained except that it would furnish statistics of the incidence of these diseases. It is certainly very desirable that such statistics should be available; but is that advantage to be set against the effect which notification would almost certainly have in deterring patients from seeking proper treatment? Let them know that by going to a hospital or a medical practitioner their cases would be notified to a public official, and you furnish them with the strongest possible inducement to resort to unauthorised treatment. It is notorious that already the inclination of many patients to put themselves into the hands of quacks is one of the most serious obstacles to the eradication of these diseases, and nothing could be more calculated to reinforce that inclination than to make them notifiable. Sir William Osler, in his evidence before the Royal Commission, frankly admitted that this was a "strong argument" against notifica-

tion, and though he was prepared to accept the disadvantage, I suggest that it is too great a price to pay for any benefit that can reasonably be expected from it.

Professional confidence. — There are many medical men, no doubt, who, like Sir William Osler, would welcome notification; but can it be doubted that there are also many who, when they had to regard the question from the point of view of the individual patient, would be unable to resist his urgent plea for secrecy? The feeling between doctor and patient is not unlike that between confessor and penitent, and the appeal for strict confidence would in many cases not be urged in vain. If those who favour notification will study the evidence submitted to the Royal Commission on this point, they cannot fail to perceive that the weight of expert opinion was decidedly against the proposal. They will see that it was the official witnesses, whose predilections might be expected to be on the side of notification, who were most opposed to it, not as being undesirable in itself, but because they are persuaded that in the present situation it is impracticable. Among

these official witnesses were Dr. Newsholme and the late Dr. Johnstone, respectively Chief Medical Officer and Medical Inspector of the Local Government Board, Dr.Chalmers, Medical Officer of Health for Glasgow, and Dr. Louis Parkes, Medical Officer of Health for Chelsea, the two latter the representatives of the Society of Medical Officers of Health. Dr. Cox, the Medical Secretary of the British Medical Association, was on the same side, his opinion being that the sense of professional confidence would prevent the system from being properly carried out. The same position was taken up by Lieut.-Colonel Sir Herbert Maitland, of the Royal Army Medical Corps, who has more recently given evidence before the Commonwealth Commission on Venereal Diseases at Sydney.

Modified notification. — Some who recognise the serious practical difficulties in the way of full notification take the view that a system of modified notification might be adopted, a system in which the patient's name and address would not be disclosed, but only the bare fact that a case of venereal disease was under treatment. It will not

be pretended that this semi-notification, as it might be called, could have any but a statistical value, and even that would be of the slightest, for it would inevitably lead to a good deal of duplicated notification in cases where a patient who had been treated by one practitioner and notified, put himself into the hands of another, or others. The statistics would, therefore, be misleading, as they have been found to be in Denmark —almost the only country, by the way, where notification prevails. Thus Dr. Svend Lomholt, of the Municipal Hospital in Copenhagen, came to the conclusion, after examining the figures for that city, that the actual number of cases of venereal disease there was only about half the number notified. Moreover, even with notification so imperfect and unsatisfactory as this, the patient might still fear that it was less secret than it professed to be.

The Royal Commissioners' recommendation.—The conclusion of the Royal Commissioners, to give it in their own words, was that "at the present time any system of compulsory personal notification would fail to secure the advantages claimed. We

are of opinion," they added, "that better results may be obtained by a policy of education regarding the importance and serious nature of venereal diseases and by adoption of the measures we have already recommended for increasing largely the facilities for diagnosis and treatment." Then follows the important qualification mentioned at the beginning of this chapter: "It is possible that the situation may be modified when these facilities have been in operation for some time, and the question of notification should then be further considered. It is also possible that when the general public becomes alive to the grave dangers arising from venereal disease, notification in some form will be demanded."

There the Royal Commissioners leave the question; there the National Council for Combating Venereal Diseases is content to let it remain; and the Government of the day, in adopting the scheme recommended by the Royal Commission for providing gratuitous facilities for diagnosis and treatment, made it quite clear that under present conditions they would have nothing to do with any system of notification. My own conviction,

after hearing and dispassionately considering all the evidence on this point presented to the Royal Commission, is that at present, with no power of preventing unauthorised treatment, notification would operate as a most formidable obstacle to the measures which are of immediate moment. If the time comes —and possibly it may come sooner than many expect—when notification will cease to act in that way, and will have been preceded by the legal prohibition of quack treatment of these diseases, then I for one shall be ready to work for and welcome it. Until that time comes I cannot but regard it as one of the many instances in which the better is the enemy of the good. And those who attempt to force it forward now, instead of waiting to see the effect of making the means of diagnosis and treatment accessible to all, will not, I submit, be advancing the object which we all alike have in view —that of applying to these diseases the most effective possible check with the least possible delay.

CHAPTER VIII

The Policy of Regulation

As some who are genuinely concerned about the prevalence of venereal diseases believe that compulsory notification would be a valuable aid in combating them, so others have shown an inclination to hark back to the repealed Contagious Diseases Acts. For this latter policy—the regulation of loose women—there is much less to be said than for the former. But to those who are not well versed in the question, and do not know how deeply it has been discredited by results, it is apt to present itself as a short and easy method of solving the problem. It is worth while, therefore, to devote a few pages to a discussion of the question. It will not be difficult to show that this is one of those seeming short cuts which prove to be blind alleys.

History of the C. D. Acts.—The first of the Acts was passed in 1864, with the object of preventing the spread of venereal

diseases in military and naval centres. After an experience of two years this Act was repealed and an amending Act substituted, and a further amending Act was passed in 1869. Though these measures went through Parliament with but little discussion, their operation was closely scrutinised, especially by those who held them to be immoral in tendency, unjustifiable in that they placed a woman's liberty and reputation at the mercy of an over-zealous or blundering constable, and inequitable in that they involved the principle of sex discrimination, since they were directed solely against prostitutes, whom they subjected to police surveillance and compulsory medical examination, while leaving their patrons unmolested. By Committees appointed by both Houses of Parliament in 1868 and 1869 to inquire into the working of the Act of 1866, a cautious extension of the system was recommended, but as a result of the bitter agitation against it which had sprung up a Royal Commission was appointed in 1870, whose Report, while generally in favour of the policy, advised that the periodical examination of the women concerned should be discontinued. A Select

Committee of the House of Commons, appointed in 1879, after an investigation occupying three years reported against the repeal of the Acts, but only by a narrow majority. The opposition in the country had all this while been gathering force. In 1883, the year after the publication of the Select Committee's Report, an Order was issued abolishing compulsory examination, and in 1886 the Acts were repealed.

By its terms of reference the recent Royal Commission on Venereal Diseases was precluded from considering the policy of the Acts, but its members placed on record their unanimous view that the evidence received, including that of Continental experts, pointed to the conclusion that no advantage would accrue from a return to the policy of regulation. And they called attention to the highly significant fact that "the improvement as regards venereal diseases in the Navy and Army has taken place since the repeal of the Acts."

Results of regulation.—The statistics of the incidence of venereal diseases in the Army in the United Kingdom from 1866 to 1912 are little favourable to the policy

of regulation, though inferences drawn from them must not be pressed too far, for they are incomplete until the year 1890 is reached. In 1867 there was a considerable rise; then began a fall, possibly due more or less to the influence of the Acts, and this continued with a slight interruption until 1875. That year witnessed a rise that persisted almost without a break until 1885, by which time the Acts had been virtually abandoned, their repeal taking place in the following year. From 1885 until the period of the South African War there was an almost uninterrupted fall, the admissions to hospital being 275 per thousand in 1885 and only 93 per thousand in 1900. It is not to be supposed that the diminution was due to the mere discontinuance of regulation. The explanation undoubtedly is that when this policy was abandoned the Army authorities applied themselves in earnest to educational and moral measures of the kind described in Chapter IV. (p. 58).

It may be urged that in this country regulation was carried out on too small a scale for the results to be decisive, since it was only designed for the protection of

soldiers and sailors, while the clamorous opposition which it had to encounter as time went on must have had some adverse influence. Even so, the Army statistics ought surely to make a very different show if regulation had any genuine efficacy. But let us inquire what have been the results where regulation has aimed at the protection of the whole community, and has not been sensibly thwarted by agitation. In Paris, after more than a century of regulation, venereal diseases are more prevalent than in London. At the first of the International Conferences on Syphilis, held in Brussels in 1899, Fournier, the most eminent French authority on this subject, although still in favour of maintaining the system, admitted that syphilis abounded as it did before the system was instituted.

The complete failure of regulation in Paris has been attributed to imperfections in the methods of applying it rather than to any fault inherent in the principle. Let us therefore turn to Germany. We learn from Prof. Blaschko, of Berlin, that regulation is in force in all the towns of that country, and in North Germany is compul-

sory. Yet venereal diseases are estimated by him and by other authorities to be more rife in Berlin than in London, and the inefficacy of regulation has of late years been so evident that in 1902 a Society, the Deutsche Gesellschaft für Bekämpfung der Geschlechtskrankheiten, was initiated by Prof. Neisser, Prof. Blaschko, and others, to combat these diseases on lines similar to those upon which our own National Council is now working. At the last International Conference on Syphilis, held in Brussels in 1902, Prof. Neisser frankly conceded that unless regulation was radically transformed it had better be abandoned. Arguing that it was sound in principle but vitiated by imperfections in practice, he advised that the registration of loose women and the *police des mœurs* should be superseded in favour of control by a Sanitary Commission, to which all cases of venereal disease should be reported, which would exercise surveillance over all venereal patients, male as well as female, and would denounce to the police all who disobeyed the regimen imposed upon them.

Regulation of the kind contemplated by Prof. Neisser cannot be brought to the test

of results; but the fact that it should have been proposed demonstrates that the police control of women of the town has been no more successful in Germany, where it has been exercised most thoroughly, than in Paris or the United Kingdom. Unlike his distinguished colleague, Prof. Blaschko is in favour of the entire abandonment of regulation, relying upon the educational and hygienic activities of the Society of which he was one of the founders, as a supplement, of course, to the facilities for diagnosis and treatment.

Of late years the attitude of the medical profession towards this subject has undergone a remarkable change. At the International Conference of 1902, although regulation had no lack of medical champions, it was unsparingly denounced by many medical men on the ground of its failure. The Conference was almost unanimously in favour of the provision by law of gratuitous treatment and the suppression of unqualified treatment, and quite unanimous in declaring that complete statistics should be officially recorded, and in recommending that a knowledge of the gravity of venereal diseases

should be diffused among the people, and that youths and young men should be taught that continence, so far from being injurious to health, is from the medical point of view to be recommended. But on the subject of regulation—even with the revolutionary chanegs advocated by Prof. Neisser—there was no approach to agreement, and many medical delegates of great eminence voted against every resolution favouring that policy in any form whatever. Since then the tendency among medical men to rely upon moral and hygienic education and the provision of free diagnosis and treatment has been steadily growing. Early in my professional career, when I was house surgeon at the London Lock Hospital and saw what havoc venereal diseases were working in the community, I favoured regulation as a very disagreeable necessity, as did the vast majority of my colleagues. As time passed I could not shut my eyes to the miserable failure of that policy, both at home and abroad, and in the Plea for the Appointment of a Royal Commission I recorded the opinion that it would be a waste of energy to advocate measures with a view to its

revival. The present senior surgeon of the Lock Hospital, Mr. J. Ernest Lane, was led by the force of facts to a similar change of view. At the International Conference of 1902 he recalled the Cassandra-like prophecies evoked by the repeal of the Acts, and confessed that he had been among the prophets of evil, but emphatically declared that time had proved the gloomy surmises to be fallacious.

Why regulation has failed.—If it be asked why it is that regulation, which promised so well, has so signally failed, the answer is quite simple. In so far as women are responsible for the dissemination of these diseases, the mischief is done much more by women of the clandestine class than by those who are "professionally" immoral. The demarcation between the two classes is less definite in this country than on the Continent, but to all who have expert knowledge of the subject it is sufficiently clear. Women of the clandestine class do not publicly solicit, and in many cases are engaged in some form of occupation, and look to immorality as a means of supplementing their wages. They are at once vastly more

numerous and much more dangerous than women of the other class, who usually have undergone treatment and in many cases become non-infective, and, moreover, are familiar with the precautions that may be taken against infection, while the others are at once less instructed and less careful.

That disease is spread mostly by "unrecognised" women is denied by no one. "The clandestine prostitute," says Sir A. Keogh, Director-General of the Army Medical Service, in dealing with regulation by the police, "will always evade their mesh, and it is to her that the greatest amount of disease is due." Debrie, at a meeting of the Société Militaire Française in 1907, estimated that the women who were outside all police surveillance were three or four times as numerous as those who were registered. At a Congress in Berlin in 1912 Wiedanz showed that in Bremen in the preceding year there were 72 women of the clandestine class infected with disease to every registered woman so infected. In Brussels, according to Dr. Dubois-Havenith, Secretary-General of the International Conferences of 1899 and 1902, there were not more than about a hundred

licensed women, against thousands of the clandestine class, and he told the Royal Commission on Venereal Diseases that it is from the latter that the "great danger" comes. To multiply facts such as these is needless; but in the light of them it is easy enough to understand why police regulation has always and everywhere been a conspicuous failure.

This country has finally decided against regulation, and I do not apprehend that there will be any organised demand for its revival in days when the influence of women in public affairs is becoming more and more powerful; but, knowing that the policy has not lost its speciousness for some minds, I have thought it well to expose its fallaciousness. In the next chapter will be discussed the question whether it is at present practicable to make it a criminal offence knowingly to communicate venereal disease. In so far as police measures can be of service in this crusade it will probably be in some such form as that. To make the communication of disease, in spite of warning, a penal offence would involve no sex discrimination, nor would it be open to the

other formidable objections which are urged against regulation. But in my opinion no merely punitive measures are likely ever to have more than a subordinate importance. Essentially the remedy for this evil will be found in the energetic but discriminating employment of the moral and educational and medical measures outlined in Chapters V. and VI.

CHAPTER IX

Some Further Proposals

In this chapter we may consider some further questions that have arisen in connection with the crusade against venereal disease. Some of them are already ripe for legislative treatment. As the education of the people in this subject progresses and public opinion matures, action on certain others, which at present it would not be judicious to force into the foreground, may become generally acceptable.

The suppression of quackery.—In the chapter on Notification (p. 97) passing allusion is made to unqualified treatment as one of the obstacles in the way of bringing venereal diseases under control by applying to them effectual treatment. The extent to which patients who believe themselves to be suffering from these diseases resort to herbalists and other quacks, and also to chemists, is not adequately appreciated. In 1910 the Local Government Board issued a

Report from which it appeared that in many of the great towns the treatment of these diseases was "largely in the hands of unqualified persons," that the number of so-called specialists in venereal disease seemed to be increasing, and that they often contrived to acquire a great reputation, although entirely ignorant of medicine. In a later Report, issued in 1913, the late Dr. Johnstone, Medical Inspector to the Board, stated that he was informed by medical men in the large towns he had visited that they were rarely consulted by venereal patients until they had been for some time in the hands of herbalists or chemists, or had tried some advertised "cure."

It is generally the desire for concealment that prompts persons to answer advertisements of remedies or to go for treatment to quacks. The result, needless to say, is uniformly unfortunate. In some cases patients are told that they have syphilis when there is nothing the matter but some trifling affection of the skin, are kept under treatment at considerable cost, and suffer mental torture which, in exceptional cases, as is noted in the Report of the Royal Com-

mission, has led to suicide. Whether they have syphilis or not, their fears are worked upon by the ghastly pictures and advertisements appearing in the books which many of these charlatans distribute. Many cases of actual syphilis are not detected, for these quacks make no pretence to employ the means of diagnosis described in Chapters II. and III.; and in some cases, where the initial symptoms are slight and transient, it would be hardly possible, even for an accomplished clinician well versed in syphilis, to make a proper diagnosis without the aid of the new methods. Even if the quack recognises the disease, the treatment is unsuitable, in many instances ludicrously so. I have had patients come to me in the later stages of syphilis who have been treated simply with sarsaparilla! If any reader should be curious as to the qualifications of herbalists for undertaking the diagnosis and treatment of syphilis, he may be referred to the evidence given to the Royal Commission by a representative of the National Association of Medical Herbalists, who was called to the witness-chair because of the extent to which these people are

resorted to in some parts of the country. As the Royal Commissioners remark, "This evidence speaks for itself, and in our opinion effectually disposes of the claims of herbalists to be regarded as competent to treat venereal diseases."

The objection to unauthorised treatment of venereal disease, whether by herbalists or by other quacks, is not that the patient is fleeced. That is his own affair. But it is a matter of public concern that he should not be rendered non-infective, and often should have no proper warning of the danger of communicating the disease to others, and that he should miss the chance of receiving proper treatment in the only stage in which it can be relied upon to avert the worst effects of the disease. At the best, skilled treatment, when at last it is sought, is rendered more difficult and more prolonged; at the worst, the patient presently falls a prey to affections, such as aneurysm and various forms of paralysis, including general paralysis of the insane, which can neither be cured nor much mitigated. It is clearly necessary, therefore, in the interests of the community that something should be

done to save patients from a form of folly so calamitous.

The Select Committee on Patent Medicines recommended that all advertisements of remedies for venereal diseases should be prohibited, and this recommendation has received the emphatic endorsement of the Royal Commissioners, who would have gone farther and advocated the legal prohibition of treatment of these diseases by unqualified persons but for the practical difficulties which they saw in securing the effective operation of such a law at present. They were informed by Dr. Svend Lomholt that in Denmark unqualified persons are not consulted because the treatment provided by the State is easily available and the medical profession has the confidence of the public, and similar evidence was given by Dr. Santoliquido in regard to Italy. It is found that men in the Army, who are now carefully instructed in the nature of venereal disease and have the best treatment provided for them, show less disposition to resort to quacks than they used to, and it may be that the civil population, when it enjoys the same advantages, will be not

less wise. In that case nothing further need be done. I confess, however, that I am not over-sanguine that the mere prohibition of advertisements of remedies will meet the case within any reasonable time. A proclivity to quackery is only too common an infirmity, which does not always argue a general stupidity. Some have the notion that a peculiar virtue resides in "herbs," that is, in medicines derived from the vegetable kingdom, not knowing, or wilfully ignoring, the efficacy of such drugs as iron, mercury, and arsenic, which are of mineral origin. Others greedily devour every story they hear of the marvellous cures effected by Professor So-and-So with a remedy that is his peculiar secret. The wide diffusion of such forms of gullibility raises a doubt whether something more is not required than the prohibition of advertisements, and if the Government should conclude that the practical difficulties which weighed with the Royal Commission are not insuperable and should recommend Parliament to make all unauthorised treatment of these diseases a penal offence, this bolder course would not improbably commend itself

to the common sense of a community which, having to find the money for the policy now being brought into operation, may reasonably demand that nothing should be tolerated which would militate against its success.

The wilful communication of venereal disease. — The propriety of making it a criminal offence knowingly to infect another with venereal disease is a very important question that was raised by Mr. Herbert Samuel at the Mansion House meeting in October, 1916. On its merits it admits of but one answer. That punishment should be inflicted for a trifling assault, and a more serious degree of violence be visited by imprisonment without the option of a fine, while one of the gravest of diseases may be wantonly communicated with impunity, is an anomaly of the grossest description. Even that is an understatement of the case. The consequences of an act of violence end with the victim of the outrage; to communicate diseases which may go on spreading in a widening circle is a crime that falls into quite another category. The difficulty of bringing home the offence to the

culprit would in many cases be considerable, and numbers of offenders would escape punishment. That is a weighty but not perhaps an insuperable objection to the suggested change in the law. It was pointed out by Mr. Samuel that if prisoners who are infective when released were formally warned of their condition and of the dangers to others involved in incontinence, the fact would be evidence of guilty knowledge if they were found to have communicated the disease. There are other ways also in which proof of knowledge would be procurable. But even if the penalty were not often enforced, the fact that it existed would powerfully reinforce the endeavours now being made to inculcate a sense of the heinousness of passing on to others diseases charged with such terrible potentialities.

The further detention of infective prisoners.—A large proportion of prisoners, and especially of short-term prisoners, are venereally infective when their sentences expire. In 1914, although the medical examination is by no means of a searching character, virtually one out of every two of the prisoners discharged from the local

prisons in England and Wales were found to be in this condition, and in Scotland the proportion was still greater. There is some doubt whether the Prisons Commissioners have the power to subject a prisoner to the Wassermann test (p. 34) to decide whether he is actively syphilitic, or to administer salvarsan, or one of its substitutes, against his will, and obviously any doubt on these points ought to be cleared up by statute.

A larger question remains. Ought power to be given to detain an infective prisoner until, by being rendered non-infective, he has ceased to be a danger to the health of the community to which he is returning? In Denmark prisoners who on being sentenced are found to be infective are at once treated in a hospital, and their term of imprisonment only begins when they have been cured, while in New South Wales those who are infective at the end of their terms are detained in a Lock Hospital until cured. The Royal Commission was unable to advise either of these courses. One of its members, Canon Horsley, who for ten years was a prison chaplain, advocated, in a Note to the Report, that the system prevailing

in New South Wales should be followed; but the other members contented themselves with adopting the view of Sir Herbert Smalley, formerly Medical Inspector of Prisons, and now a Prisons Commissioner, that infective prisoners, on getting their discharge, should be advised to seek treatment at a free clinic, and that arrangements should be made for a representative of a Discharged Prisoners' Aid Society or some similar institution to keep in touch with them and endeavour to induce them to continue treatment as long as necessary. Probably that is as far as it is wise to go at present. To detain until non-infective a prisoner who has served his sentence, when no attempt at compulsory treatment is made in the case of the law-abiding, would no doubt offer a tempting opportunity for sentimental agitation. But the large proportion of prisoners who are infective, and their deficiency, as a class, in self-control, create a presumption that public opinion will not always be content with the position in which the question has for the present been left.

Detention of Poor Law patients.—The

case of venereal patients treated in Poor Law institutions, who often leave when their treatment has only just begun, stands on a different footing. Under Section 22 of the Poor Law Amendment Act, 1867, it is provided that inmates of Poor Law institutions suffering from "bodily disease of an infectious character" are liable to be detained until the Medical Officer of Health certifies that they are no longer in a condition to be dangerous to others. This would seem to cover the case of venereal patients, but the power has never yet been exercised in connection with them, and as there is some doubt of its applicability the Royal Commission, with one dissentient, recommended legislation to make the point clear, at the same time registering the opinion that the wards set apart for venereal patients should be made as suitable and cheerful as possible, and that the best modern treatment should be provided, so that the number of cases in which compulsion would be necessary might be reduced to a minimum. It is hardly likely that public opinion will be antagonised by what is nothing more than a fulfilment of the

intention of the Act of 1867, while the passing of legislation to authorise the detention of infective paupers would make it easier to mete out the same measure to infective prisoners. Meanwhile, efforts should be made to induce these patients to avail themselves of the facilities to be provided at the treatment centres for the general population, and the way might possibly be made specially easy for them.

Detention of soldiers and sailors.—The number of men annually invalided out of the Army and the Navy for venereal disease is not large, and in the Army, although there is no power to compel men whose term of service has expired to continue treatment, they usually do so voluntarily. No argument is required to defend the recommendation of the Royal Commission that neither soldiers nor sailors whose term of service is still running should be discharged until they have been rendered non-infective. Whether others who are entitled to their discharge should be compulsorily detained, or should only, as the Royal Commission advises, be encouraged to continue under treatment as long as is necessary, is more disputable.

But as the number of men in this category is not large, the question is one of no great importance. After the War our military system may have to be remodelled, and it is not worth while, therefore, further to discuss the question.

Venereal disease and marriage.—Until recent years a wife infected by her husband with venereal disease could only obtain a divorce if she could prove that the disease had been communicated "knowingly, wilfully, or recklessly." The fact that he was infected was taken as proof of adultery, and the communication of the disease to her under the conditions described was regarded as evidence of cruelty. In 1911, however, Sir Samuel Evans, President of the Probate Division, carried the law a step farther, for he laid it down that all that it was necessary for the wife to prove was that she had become infected and had not contracted the disease by an act of infidelity on her own part.

The effect of this decision is to throw upon the husband the burden of proving that he has *not* communicated the disease "knowingly, wilfully, or recklessly." The

decision has not been appealed against, and so long as it is not reversed by a Court of Appeal it may be regarded as the law of the land. It was not within the province of the Royal Commission to consider the larger question whether infidelity in a husband, apart from cruelty, should be a ground of divorce, as it is in the case of a wife, and, the law standing as it does as regards the communication of disease, no further legislation was recommended.

Another question in connection with venereal disease and marriage must now be considered. Ought the existence, at the time of marriage, of undisclosed communicable venereal disease to give the husband or the wife, as the case may be, the right to claim a declaration that the marriage is null and void? This question was explored by the Royal Commission on Divorce and Matrimonial Causes. Impressed by the evidence it obtained as to the misery occasioned by venereal diseases, the resulting sterility, the suffering inflicted upon the aggrieved party, and the consequences to children, that Commission unanimously recommended that in these circumstances the husband or wife

should be entitled to a decree of nullity. This recommendation was subject to two conditions—one that no marital intercourse had taken place since the discovery of the disease, the other that the suit must be instituted within a year of the marriage.

In his evidence before the Royal Commission on Venereal Diseases Sir Samuel Evans maintained that the recommendation went too far, because such a change in the law would deprive the husband of the chance of living with the wife afterwards, and would attach the stigma of illegitimacy to the child of the marriage, or the children—for the wife towards the end of the first year might be in her second pregnancy. In spite of this declaration, the members of this Commission came to the conclusion that the law should be thus altered, holding it to be "most important that it should be laid down by law that the presence of venereal disease in an infectious state constitutes an incapacity for marriage, whether or not the presence of disease is known. We regard this question," they go on to say, "as one affecting not only the married

persons themselves, but also the public welfare in respect of the birth-rate and death-rate and the effects of congenital disease upon the health and happiness of the offspring." They also recommended that if at present a decree of nullity would render the child or children of the marriage illegitimate, the law should so be altered that the disabilities attaching to illegitimacy should not follow; that it should be within the discretion of the Court to decide in each case whether the public interest required that a decree of nullity should be pronounced, and that the Court should have power to make such arrangements as seemed fitting for the maintenance and guardianship of the children, and also for their treatment if diseased.

This carefully guarded and unanimous recommendation of two Royal Commissions upon which the Churches were authoritatively represented is scarcely likely to arouse opposition. In addition to the reasons already mentioned as telling in its favour, the proposed change in the law would strengthen the hands of medical men when they set themselves to dissuade

from marriage patients who are still infective. Every medical man who has seen much of venereal disease has frequent occasion for attempting this dissuasion, and not rarely the warning is disregarded, as it was in *Les Avariés*. If such patients knew that the marriage was liable to annulment the appeal to their prudence would powerfully reinforce the appeal to their moral sense.

Privilege for medical men.—The practitioner whose warning to a patient is disregarded in the circumstances described ought certainly to be in a position, without risk to himself, to warn a *fiancée* or her parents or guardians of the danger which threatens her. But it appears that as the law stands at present he might be sued or prosecuted. Conclusive proof that the prospective husband was venereally infective would be an answer either to a charge of defamation or to a civil action. But in some cases conclusive proof would be difficult to furnish, and in such cases the fact that the warning had been given in good faith would not, as the Report of the Royal Commission points out, afford a medical man " even the qualified

protection which is in some circumstances conferred upon a defendant by the doctrine of privileged communication." He is therefore placed in the embarrassing position of having to choose between the counsels of prudence and the dictates of duty—an embarrassment all the greater from the fact that the patient would be sure to urge the plea of professional confidence. The recommendation of the Royal Commission was that whenever a communication is made in good faith to a parent, or to one who stands *in loco parentis* towards the endangered person, whether man or woman, with the object of preventing or delaying marriage with a venereally infective person, the communication should be privileged. The recommendation is supported by the authority of Sir Samuel Evans, but it is so clearly demanded by the public interest and in bare justice to those who take upon themselves a painful and thankless duty that it can afford to go to the Legislature on its own merits. And the same privilege ought to be extended to communications made in good faith by medical men in other circumstances with the object of preventing the

dissemination of venereal disease — in the case, for example, of men with syphilitic sores on their hands who have the handling of food for human consumption. I know of a case in which a milkman with tertiary sores on his hands was only prevented from continuing his occupation by the medical attendant giving information to his employers. The inequity of leaving communications such as this unprivileged is obvious.

Death certification and statistics.—In Chapter IV. (p. 57) it is shown that the present method of death certification renders the Registrar-General's returns of the number of deaths due essentially to syphilis untrustworthy and misleading. The remedy suggested by Dr. Stevenson, Superintendent of Statistics to the Registrar-General, and approved by the Royal Commission, is that the certificate furnished by the medical attendant to the relatives should state simply the fact of death, and that the cause of death should be set out in a second certificate, to be forwarded by post to the registrar, and to be strictly confidential, access to it only to be possible on the order of a Court

of Justice. In every important European State confidential registration already prevails. The Royal Commission also recommends that the notification of stillbirths should include cases in which the period of pregnancy is less than twenty-eight weeks, so that the statistics of antenatal deaths, whether due to venereal disease or to other causes, may be as complete as possible. As little objection can be taken to either of these proposals as to the further recommendations that in hospitals and Poor Law institutions accurate statistics should be kept of the prevalence of disease, whatever its nature; that a record should be kept of the number of persons for whom salvarsan or its substitutes is provided at the public expense, and that all institutions which receive grants from the Exchequer for the diagnosis or treatment of venereal disease should keep and render available complete aggregate statistics regarding these diseases. The object of these various proposals is to secure data for a more accurate estimate than at present can be formed of the incidence of disease. At some future time, perhaps, the State may expect medical men

to furnish similar aggregate statistics of venereal diseases treated in their private practice. Not until then will it be possible to ascertain with precision the extent to which these diseases are prevalent in our midst.

CHAPTER X

The Urgency of the Question

LONG before reaching this point the reader will, I hope, have been satisfied that the question with which this book is concerned is one of great gravity. But is it also urgent? Can it not wait until after the War, as so many other much-needed reforms have to wait? Is this the time to make fresh demands upon the public purse, and have not the Government and the local authorities enough to do to carry on in these trying days without adding to their burdens?

Such were the questions asked when the Report of the Royal Commission was issued. The reply to them is that while many other things may and must wait until the War is over, this thing *cannot* wait. It has been frankly admitted that a considerable expenditure will be involved. But the War is the very reason why that expenditure must be incurred. Before the War we were an incalculably wealthy nation. After the War

we shall be an impoverished nation. We shall be faced with the prospect of a series of lean years—years in which heavy taxation will coincide with greatly diminished resources. Before, without being sensible of the loss, we could waste our substance by allowing venereal disease to crowd our asylums and Poor Law institutions, our blind and deaf schools, with its human wreckage. Now it is necessary that we should call a halt to this monstrous extravagance. We can afford neither indefinitely to go on maintaining these unhappy victims of incapacitating disease nor to dispense with the contributions they ought to be making to the nation's work and wealth.

Before the War, again, though the birth-rate was falling, we had a population overflowingly large, and could spare much of the flower of our manhood for the peopling of our Dominions and Colonies in the ends of the earth. Now, week by week, the manhood not only of these islands, but of the Empire at large, is falling in huge swathes before the scythe of the reaper whose name is Death, and when at last the carnage ceases we shall be impoverished in men as

well as in money. To leave unchecked diseases which cause a vast amount of sterility in both sexes, which slay multitudes of children before they can come to birth, and which doom multitudes more to an existence which is only abortion in a lower degree, an existence in which neither body nor mind can attain maturity, would therefore be improvidence carried to its highest point.

But there is yet another and a more immediately exigent reason why this reform cannot wait. Students of military history are familiar with the fact that every considerable war is both attended and followed by a formidable rise in the incidence of venereal disease. Von Töply, an Austrian army surgeon who has given much attention to this subject, has shown that in most wars venereal disease is responsible for a percentage of medical casualties varying between 17 and 31, and that in war time, in most armies, from 50 to 300 soldiers out of every thousand contract it year by year. It has been calculated that in 129 battles of modern times the dead and wounded were 79·4 per thousand of the total strength of the armies engaged, and from these figures von Töply

infers that if an army were to fight one battle every year the casualties, dead and wounded, would be rather less numerous than those due to venereal disease.

In the Prussian army, for many years before the outbreak of the War, there had been, on the whole, a consistent decline in this form of disease. Since the War began the movement has been in the opposite direction. The increase has been most pronounced in the hostile regions which have been overrun by the German armies, for there the licentiousness of the soldiery has been less curbed, if it has not been actually encouraged. Of the conduct of the troops in Belgium, Northern France, and Poland shocking details have been collected, not by an enemy, but by Prof. Blaschko, of Berlin; and it is a just Nemesis that the German military authorities should have reason for grave alarm at the consequences of the odious behaviour at which they have, at the least, connived. Among those who have been dismayed at the rapid spread of venereal poison in the German armies was the late Prof. Neisser, the President of the German Society for Combating Venereal Diseases.

The last report of this Society* recounts the strenuous efforts which have been made to control this menace to the health of Germany. Some, including Prof. Neisser, have gone so far as to advocate that at the end of the War, in spite of the enormous expense involved, every officer, non-commissioned officer, and private should be submitted to the Wassermann test before being allowed to return to civil life. Prof. Blaschko would limit this and other tests to those who have actually suffered from venereal disease during the War, and would keep every one of them under military control until cured, so that they might not further spread the infection among the civil population, where already it is rapidly increasing.

The Austrian armies are in no better case than the German. In November, 1916, reports reached this country of a meeting of the Medical Society of Vienna in March, at which Prof. Finger quoted an estimate that among the seven millions of men embodied by Austria, from 700,000 to 800,000 were suffering from venereal disease. In Austria the epidemics of other diseases which followed

* *Lancet*, Sept. 23, 1916.

the outbreak of the War were brought under control by the spring of 1915, but when Prof. Finger spoke venereal disease was still increasing, both in the armies and among civilians. A large hospital for infected women had had to be opened in Vienna, and the same provision had been found necessary in many other large towns.*

These facts are not given in order to suggest that the condition of the enemy armies is much worse than that of the armies of the Allies. With regard to our own armies, there is only too much reason for concern. Lord Kitchener's manly appeal to the sense of honour of every member of the original Expeditionary Force was but the beginning of an effort which has known no remission for keeping our men free of this evil, an effort in which the Churches and many social workers have co-operated with the military and Army Medical Service authorities. But it would be too much to hope that in this vast and long-drawn-out War the British armies will furnish an exception to a universal rule. In the Report of the Royal Commission there appears a chart of the

* *British Medical Journal*, Nov. 4. 1916

incidence of venereal disease in the British Army from 1866 to 1912, which shows that during the Boer War the fall which had been recorded over a number of years gave place to a rise. So it will be, no doubt, during the present War. In giving evidence at Sydney in August, 1916, before the Commonwealth Commission on Venereal Disease, Lieut.-Colonel Sir Herbert Maitland, of the Royal Army Medical Corps, recognised the rapidity with which these diseases had been spreading in that city, and told the Commission that in the first seven months of the year he had himself examined no fewer than 2,000 infected soldiers.

Upon this painful aspect of the subject it is not necessary to enlarge. It must, I think, be evident to all that both on economic and on Public Health grounds it is urgently necessary that the steps which have been taken to provide centres for the diagnosis and treatment of these diseases must be energetically followed up, so that before the War ends and our men come home there shall be no district in the country in which either diagnosis or treatment will be sought in vain.

When Britain, so whole-heartedly devoted to peace, flew to arms in defence of the liberties of Europe, she showed that she had not lost the political instinct which had led her to defend those liberties against the aggressions of Spain in the sixteenth century and of Napoleon two hundred years later. It is the same instinct, operating in another sphere, which enabled her to see that the moment had come to cast aside long-established prepossessions and embark upon a campaign to save the people, soldiers and civilians alike, from the devastations of venereal disease. And it is my firm conviction that this crusade, like that, will have a triumphant issue.

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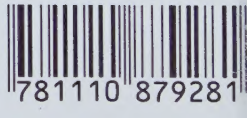

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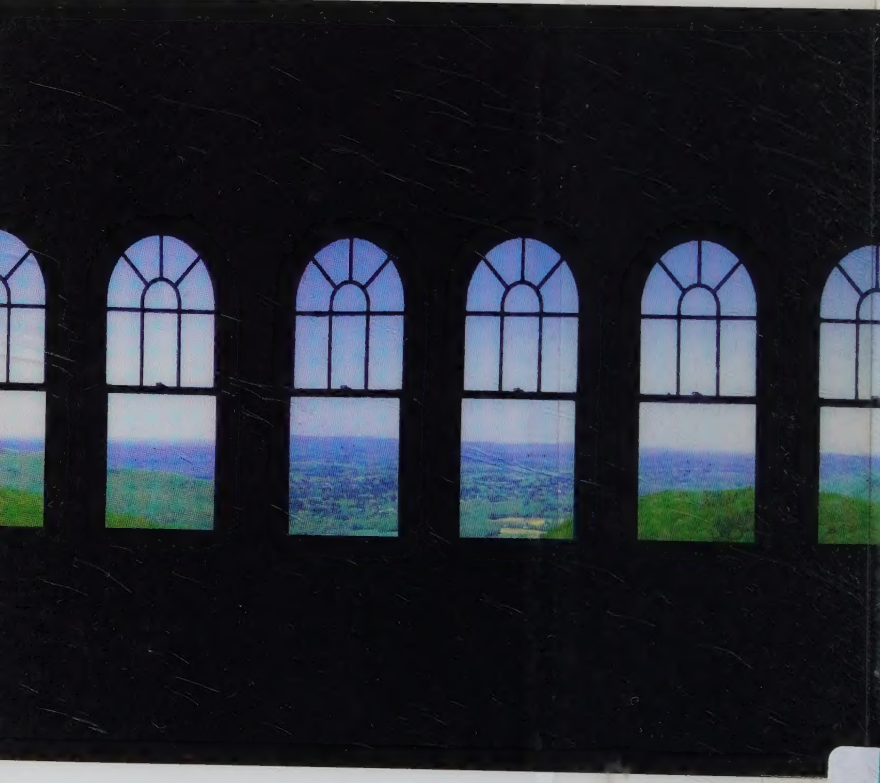

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